

LIBERTY UNIVERSITY SCHOOL OF DIVINITY

Suicide Prevention through Spiritual Care: A Guide for United States Military Veterans

Submitted to Dr. Michael C. Whittington, in partial fulfillment
of the requirements for the completion of the course,

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Liberty University School of Divinity

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ABSTRACT

The focus of this study is to highlight the growing concern with the suicide rate among United States military veterans. This study seeks to demonstrate how spiritual care can help many veterans that are suffering from thoughts of suicide, by providing various theories of integration between psychotherapy and theology. The methods chosen for integration are the integrationist perspective, cognitive behavioral therapy, and Christian cognitive therapy. The focus of the integration is to help prevent veterans who are at risk of suicide, by focusing on a treatment plan that helps the totality of a person. The theoretical orientation provided offers insight into how to propose a holistic approach to treatment that addresses the mind, body, and spirit of the veteran client. This treatment plan of integration may also help non-veterans that are also suffering from anxiety, depression, Post Traumatic Stress Disorder (PTSD), grief, shame, and thoughts of suicide, but most specifically for the veteran client. The purpose of this study is to distinguish what greater role Spiritual Health Care Providers can have in the lives of veterans, by helping to prevent the overwhelming number of suicides among United States military veterans.

Keywords: suicide prevention, spiritual health, and military veterans

Abstract Length: 190

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ABBREVIATIONS

At Risk	veterans and active duty members at risk of suicide
CBT	Cognitive Behavioral Therapy
CCT	Christian Cognitive Therapy
DoD	Department of Defense
PTSD	Post Traumatic Stress Disorder
SBBPC	Solution Based Brief Pastoral Counseling
VA	Veterans Administrations

Chapter 1: Introduction

Statement of Importance and Purpose of Research

“Suicide is among the 10 leading causes of death in the United States (U.S). The suicide rate in the U.S. in 2014 was the highest since 1986: 13 per 100,000 people.”¹ The last several years has seen an even greater increase in suicides among United States military veterans. “Until 2006, suicide rates (adjusted for age and gender) were lower for veterans than for adult civilians; however, by 2014, death by suicide was 21% more likely for veterans than for their adult civilian counterparts.”² “Roughly twenty veterans are committing suicide every day in the United States. The most alarming is the rate of which new veterans are struggling and becoming more at risk of suicide.”³ “Suicide rates for younger veterans (18-29) and for veterans ages 30-39 increased sharply between 2001 and 2014.”⁴

Statement of the Problem

There has been a concerted effort to help veterans who are at risk in this increasing battle against suicide. “Congress passed the Joshua Omvig Veterans Suicide Prevention Act, named after a young man who had committed suicide after returning home from Iraq. The act required the Secretary of Veterans Affairs to develop and implement a multi-faceted program to reduce the incidence of suicide among veterans.”⁵ The program was well intentioned, but it still did not deter suicide rates among veterans, and in many cases continued to rise. This brought about the

¹ Joseph J. Amato, Deborah J. Kayman, Mark Lombardo, and Marjorie F. Goldstein, “Spirituality and Religion: Neglected Factors in Preventing Veteran Suicide?,” *Pastoral Psychology* 66, no. 2 (December 21, 2016): 192, accessed April 5, 2017, <http://dx.doi.org/10.1007/s11089-016-0747-8>.

² Ibid.

³ Ibid.

⁴ Ibid.

⁵ Ibid.

legislation of the Clay Hunt Suicide Prevention for American Veterans Act of 2015.

Understanding the correlation of spirituality and religion can be an important aspect in being able to use them relevantly to help deter suicide among veterans, but unfortunately, spiritual care is not often explored in many suicide prevention models for veterans. "Spirituality cultivates deep appreciation, to the point where the spiritual seeker may ascribe sanctity or holiness to the phenomena that move him or her most."⁶ Religion, on the other hand, is different, as it attempts to systemize spirituality in the form of not only inward but also outward expression. "Religion can be defined, at least in part, as a system for organizing spirituality so that people can experience it together in a refined setting – that is, with authorized leadership, formal rituals, and codified teachings (e.g., on free will, reward and punishment, the origin and order of the world)."⁷

Creating a dialogue about spirituality and religion can open the door for deeper discussions about the meaning of life. Meaning of life discussions can bring about uplifting personal experiences, and possible principles for positive life wellness for at-risk veterans. "View this way, it is easier to conceive of both religious traditions and non-religious spiritual sensibilities as helpful in thwarting suicidal urges."⁸

A sense of belonging can help deter an at-risk veteran from seeking suicide as a possible solution to their loneliness. "From a psychodynamic or psychoanalytic perspective, what prevents suicide is not external regulation per se but, rather, the individual's success in reconciling and balancing belonging (and the obligations that accompany it) with the need to be autonomous and authentic. "Religion can be defined, at least in part, as a system for organizing

⁶ Ibid., 193.

⁷ Ibid.

⁸ Ibid.

spirituality so that people can experience it together.”⁹ Thus, Religious groups often provide stability and sustained relationships. Connecting at-risk veterans into a faith group can sustain them, by developing the understanding that focusing on others and not one's self is a way to find purpose in life.

Special Terminology

There are several special terms throughout the thesis. VA stands for Veterans Administrations, and also Veterans Administrations Hospital. DoD is interpreted to mean the Department of Defense. The phrase at risk veterans is those veterans who are deemed to be at risk for suicide. Spiritual Care Providers is a term that is also related to VA Hospital Chaplains. PTSD refers to Post Traumatic Stress Disorder, which has been linked to a leading cause of suicide among veterans.

Basis for Topic Choice

This researcher has had an extensive amount of interaction with at-risk veterans dealing with thoughts of suicide. Being a hospital chaplain for the last five years in a city with a large number of military veterans and personnel has provided many experiences to draw from, which has afforded the need for this study. Coming from a family of United States military veterans has also enabled the researcher to understand first hand what many veterans deal with, along with the long-term effects of their service. Sadly, far too often those that sacrifice so much are unfortunately forgotten and neglected once their service has ended.

The father of this thesis writer served in the Vietnam War winning two bronze stars, and a medal of valor for bravery and courage, while being exposed to the chemical Agent Orange that has caused him to be classified as a 100% disabled veteran by the VA while suffering from

⁹ Ibid., 193

congestive heart disease. He has had five heart attacks, a quadruple by-pass surgery, and a massive stroke that has left his left side permanently impaired.

When he came home from the war he had a great deal of adversity to overcome. “Today many veterans are experiencing the effects of PTSD, loss of cognitive function associated with TBI, depression, anxiety or alcohol abuse may easily become overwhelmed with the feelings of being a burden on his or her family and no longer able to contribute fully to the family unit. They believe no one understands or could understand.”¹⁰ However, through spiritual care and connecting with a religious group, and understanding that God had a purpose for his life, this researcher's father, gave his life to Christ. He then got a degree from Liberty University in 1981 and served the Lord in full-time Christian service for over four decades. He has led thousands to Christ through his testimony and life's ministry, and it is in his honor this topic of research was chosen. Spiritual Care can make a difference in the lives of those veterans who are at risk of suicide, by providing them with purpose and a sense of belonging.

Statement of Limitations

This thesis will not cover suicide prevention for non-military veterans, or civilian citizens in the United States that are at risk of suicide. The study was not limited to prevention through spiritual care means and methods only but coupled with mental health care professionals. The research did not explore just the mental health aspects of PTSD, or other mental illnesses and disorders brought on by the riggers of war. This is not an isolated psychological study on suicide prevention, but rather an exploration of how spiritual care and its providers can assist and aid in suicide prevention for the United States military veterans, who are deemed to be at risk of suicide by a mental health professional.

¹⁰ David A. Litts, David A. O.D. "Suicide and Veterans: What We Know, How We Can Help." *Health Progress* 94, no. 3 (May 2013): 24, accessed March 30, 2017, <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1415612109?accountid=12085>.

Theoretical Basis

The theoretical basis for the topic and the correlation to the Bible can be found in Proverbs 34:18-19, which states, “The Lord is near to the brokenhearted and saves those who are crushed in spirit. Many are the afflictions of the righteous, but the Lord delivers him out of them all.”¹¹ The Bible is clear that the Holy Spirit is to guide people into all truth, as He is the lead counselor in the life of a believer. The role of counselor for United States military veterans can be found in both the military and VA hospital chaplains. The chaplain through a theological and historical context has offered military personnel spiritual care help since the inception of the military in this country. Numerous verses throughout the Bible indicate the purpose of godly counsel. For example in Proverbs 11:14 “Where there is no guidance the people fall, But in abundance of counselors there is victory.”¹²

Chaplains have long played a significant role for the service men and women of the Armed Forces. "Chaplains' roles have undoubtedly fluctuated some over time, but the enduring presence of chaplains in the military context over the centuries is a testament to the significance of chaplain's presence in the midst of some of life's most challenging moments for most military personnel."¹³

The topic and connection to current best practices can be seen in the great number of veterans who are returning home from the post-9/11 wars and are in need of help now more than ever before. "Recognizing that chaplains can play a crucial role in relation to mental health, VA

¹¹ Unless otherwise noted, all biblical passages referenced are in the New American Standard Bible (Nashville: Thomas Nelson, 2009).

¹² Ibid.

¹³ Jason A. Nieuwsma, “Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense,” *Journal Of Health Care Chaplaincy* 19, no. 1 (January 2013): 5. (accessed April 11, 2017), <http://dx.doi.org/10.1080/08854726.2013.775820>.

and DoD responded in the fall of 2010 by launching the VA/DoD Integrated Mental Health Strategy.”¹⁴

Specific to the data chaplains will be shown as often in many cases to be the first line of defense when it comes to caring for veterans and soldiers who are dealing with mental health issues. Thus, the VA/DoD IMHS is seeking to implement more opportunities to help in the care for the mental health of veterans. “In the extensive, 2010 report produced by the DoD Task Force on the Prevention of Suicide by Members of the Armed Forces, chaplains were frequently cited as vital to the prevention of suicide by members of the military.”¹⁵ “Many individuals at high risk of suicide discussing and investing anew in religious and/or spiritual beliefs and/or practices – for any reason – may help rein-fuse life with connection and meaning. Individuals who are at risk of suicide but are not in treatment may seek support from members of clergy.”¹⁶ Many veterans struggling with mental health issues will often reach out to chaplains because of a sense of feeling safe. “For Service members, the chaplain can serve not only as a spiritual advisor who ensures the provision of religious observances but also as a trusted confidant.”¹⁷

¹⁴ DoD, & VA, “Department of Defense (DoD) and Department of Veterans Affairs (VA) Integrated Strategy for Mental Health: Summary Paper,” Department of Defense of Veterans Affairs (2010): quoted in Jason A. Nieuwsma, “Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense,” *Journal Of Health Care Chaplaincy* 19, no. 1 (January 2013): 5. (accessed April 11, 2017), <http://dx.doi.org/10.1080/08854726.2013.775820>

¹⁵ Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces, “The Challenge and the Promise: Strengthening the Force, Preventing Suicide and Saving Lives: Final Report of the Department of Defense Task Force on the Prevention of Suicide by Members of the Armed Forces,” Department of Defense (2010): quoted in Jason A. Nieuwsma, “Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense,” *Journal Of Health Care Chaplaincy* 19, no. 1 (January 2013): 6. (accessed April 11, 2017), <http://dx.doi.org/10.1080/08854726.2013.775820>

¹⁶ Joseph J. Amato, Deborah J. Kayman, Mark Lombardo, and Marjorie F. Goldstein, “Spirituality and Religion: Neglected Factors in Preventing Veteran Suicide?,” *Pastoral Psychology* 66, no. 2 (December 21, 2016): 197, accessed April 5, 2017, <http://dx.doi.org/10.1007/s11089-016-0747-8>.

¹⁷ Jason A. Nieuwsma, “Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense,” *Journal Of Health Care Chaplaincy* 19, no. 1 (January 2013): 6. (accessed April 11, 2017), <http://dx.doi.org/10.1080/08854726.2013.775820>.

Statement of Methodology

Chapter 2 entails the research of the topic to be presented for the thesis project. The topic will encapsulate an immediate, short-term, as well as long-term plan to better prevent suicides for U.S. military veterans who are at risk. The totality of the plan will include a well-rounded treatment for an at-risk veteran that incorporates all aspects of the human psyche. The study will provide various theories of integration between psychotherapy and theology. The methods chosen for integration are the integrationist perspective, cognitive behavioral therapy, and Christian cognitive therapy. The focus of the integration is to help prevent veterans who are at risk of suicide, by focusing on a treatment plan that helps the totality of a person. "The CDC National Violent Death Reporting System (covering 18 states) finds that a current/former military personnel make up about 25% of US deaths each year from suicide."¹⁸ Based on the staggering high suicide rate amongst veterans, a VA Chaplain's time and resources could be better be utilized in helping struggling veterans. "Even though most healthcare professionals agree that each individual's unique bio-psycho-social integrity must be appreciated, spirituality has largely been overlooked as part of suicide prevention efforts in veterans."¹⁹

VA Chaplains are trained to provide proper spiritual care for veterans of all faith groups regardless of denomination, which allows for chaplains to have contact with many veterans. "This effectively places them on the front lines of veteran healthcare."²⁰ Veterans do have the option of speaking with a chaplain of their specific faith group if requested. This is beneficial to

¹⁸ Mark S. Kopacz, "Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk," *Journal Of Religion and Health* 54, no. 3 (September 2013): 759, accessed March 02, 2017, <http://dx.doi.org/10.1007/s10943-013-9693-2>

¹⁹ *Ibid.*, 760.

²⁰ *Ibid.*, 760.

veterans as a lot of the time spent with a chaplain is in one-on-one interactions. During these encounters is when a chaplain can identify a veteran who may be at risk for suicide.

The role of the chaplain and Christian counselor is to try to meet the specific needs of veterans that fall outside the realm of other healthcare professionals. "For example, a veteran might have voiced their spiritual problems/concerns to clinical personnel who in turn suggested that patient meet with a chaplain."²¹ The goal of the chaplain is to bring stability to the veteran, by preventing them from becoming imbalanced to the point of suicide. Hope is the essential element that chaplains can offer to a veteran struggling with chaotic thoughts. Thus, the study offers insight into how to propose a holistic approach to treatment that addresses the mind, body, and spirit of the client. This treatment plan of integration will work for anyone that is suffering from anxiety, depression, PTSD, grief, shame, and thoughts of suicide, as it is not just specifically for the veteran client.

Chapter 3 offers the applied research, which will demonstrate that many veterans who end up taking their life do not receive a mental health evaluation. Through citing current experts in the chaplaincy field of ministry the findings will be detailed in graphs, charts, and tables. "This highlights the need for novel support options, not limited only to formal mental health services, which can be accessed by at-risk populations."²²

Applied research will show that chaplains can offer a feeling of significance to a veteran, by giving them a different perspective than just what is dealt with in the literal sense. Faith and hope are attributes spiritual care can provide to a veteran who is struggling with thoughts of suicide. "Most chaplains also provide a number of services not directly affiliated with any faith

²¹ Ibid., 763.

²² Marek S. Kopacz. "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper" *SAGE open*, 4, no. 4 (12/2014): 1, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

tradition, such as crisis intervention, emotional enabling, ethical consultation, deliberation, life review, patient advocacy, counseling, bereavement, and empathetic listening.”²³ Chaplains can do for veterans what pastors without clinical training cannot accomplish.

The applied research points out that many veterans place a level of importance on spirituality and religion. “VA chaplains will oftentimes provide care to at-risk veterans dealing with spiritual and moral injury arising from past military experiences as well as a variety of life circumstances not necessarily related to military service.”²⁴ Spiritual care offered by VA chaplains allows for a veteran to reassess the meaning of their life. “VA chaplains support the veteran in his or her own search for meaning as well as the determination of what these experiences may have contributed to their spiritual journey.”²⁵

A survey will also be utilized to demonstrate how veterans who believe in a higher power pose a better chance of voiding off depression. “For example, individuals who ascribe a high degree of importance to religion and spirituality may be more resilient against depression due to anatomical changes in their central nervous system.”²⁶ The more a person is connected in a church community, the less likely they are to be isolated and lonely. Connection with others can provide a solid support system for veterans dealing with depression.

²³ G.F. Handzo, K.J. Flannelly, T. Kudler, S. L. Fogg, S. R. Harding, Y.H. Hasan, B.E. Taylor, “What do chaplains really do? II. Interventions in the New York Chaplaincy Study” (2008), quoted in Marek S. Kopacz, “Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper” *SAGE open*, 4, no. 4 (12/2014): 1, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

²⁴ Marek S. Kopacz, “Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper” *SAGE open*, 4, no. 4 (12/2014): 2, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

²⁵ *Ibid.*, 3.

²⁶ L. Miller, R. Bansal, P. Wickramarante, X. Hao, C.E. Tenke, M.M. Weisman, and B.S. Peterson, “Neuroanatomical correlates of religiosity and spirituality: A Study in Adults at High and Low Familial Risk For Depression” (2014), quoted in quoted in Marek S. Kopacz, “Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper” *SAGE open*, 4, no. 4 (12/2014): 4, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

Interviews with chaplains who deal with veterans that are experiencing thoughts of hopelessness and dismay will also be utilized within the chapter. "Ministry of Presence is meant to establish rapport with the individual, leading to a relationship based on consistency."²⁷ Connection with a spiritual care professional can inspire a depressed veteran into seeking not only further religious support but also emotional and mental support as well. This is especially true for veterans who are suffering from PTSD (Post Traumatic Stress Disorder). "Chaplains assist individuals with PTSD to work through their grief by identifying specific losses, providing grief education to normalize emotional responses and identifying coping strategies."²⁸

Chapter 4 the focus of the conclusion demonstrates what a balanced treatment program might look like for service men and women who are at risk of suicide. A treatment team should be comprised of spiritual, mental, and physical health care providers working in compilation with one another. "The primary solution to limited mental health-chaplaincy integration that emerged from the current project is to provide cross-disciplinary opportunities for interaction and training among chaplains and mental health care providers."²⁹ Collaboration between mental health care providers and spiritual care staff is essential to making strides in the treatment for veterans, who are at risk of suicide.

Review of Literature

Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk of Suicide, by Marek S. Kopacz provides the reader with an understanding for how VA chaplains can play a

²⁷ Marek S. Kopacz, "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper" *SAGE open*, 4, no. 4 (12/2014): 4, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

²⁸ B. Hughes, and G. Handzo, "The Handbook on Best Practices for the Provision of Spiritual Care to Persons with Post Traumatic Stress Disorder and Traumatic Brain Injury" (2010), quoted in Marek S. Kopacz, "Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper" *SAGE open*, 4, no. 4 (12/2014): 4, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

²⁹ *Ibid.*, 13.

larger role in helping veterans that are at-risk of committing suicide. The study points out that veterans are in fact seeking out spiritual care, and explains that there are two key benefits that a chaplain offers an at-risk veteran. “The first relates to the positive influence of spiritual well-being in dealing with difficult situations. The second relates to how the actual presence of a chaplain provides comfort to at-risk patients.”³⁰

“The challenge for VA chaplains is that most encounters with patients seem to fall under brief, chance encounters or ‘hallway meetings’ limited to just a few minutes of time.”³¹

Therefore, it is challenging to know the impact a chaplain has made through pastoral care with a specific veteran. That is why it is vital for the veteran to get connected with their individual faith tradition once they are discharged from the hospital. The study showed that many veterans do in fact reach out for spiritual care help. The article suggests that it is possible that a closer collaboration between mental and spiritual health fields could be beneficial.

The article *Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper*, by Marek S. Kopacz, illustrates what role a chaplain can play in helping a veteran with suicide prevention. The study showed that in 2007 the US Department of Veterans Affairs attempted to decrease the number of suicides among veterans. The article explains that far too often many at-risk veterans battling thoughts of suicide have had other traumatic experiences in their lives prior to military service. Many have dealt with a history of abuse to dysfunctional families. The feelings of fear and loneliness prior trauma can have on a veteran dealing with guilt and shame can be enormous. "In collaboration with other clinical mental

³⁰ Marek S. Kopacz, “Understanding the Role of Chaplains in Veteran Suicide Prevention Efforts: A Discussion Paper” *SAGE open*, 4, no. 4 (12/2014): 4, accessed February 22, 2017, <http://dx.doi.org/10.1177/2158244014553589>

³¹ Mark S. Kopacz, “Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk,” *Journal Of religion and health* 54, no. 3 (September 2013): 761, accessed March 02,2017, <http://dx.doi.org/10.1007/s10943-013-9693-2>

health providers, VA chaplains help the patient rediscover the meaning and purpose otherwise missing in his or her lives."³² Through help from spiritual care providers, an at-risk veteran can gain self-worth back, and begin to re-connect with others in a way that will enable them to not feel isolated and alone, but rather to face life with a sense of hope.

Spirituality and Religion: Neglected Factors in Preventing Veteran Suicide? by Joseph J. Amato explains how spiritual and religious expression can play a role in preventing suicide for military veterans. Those who attend church services often find strength through prayer or hope in connecting with others through social support. "In other words, for many individuals at high risk of suicide, discussing and investing anew in religious and/or spiritual beliefs and/or practices – for any reason – may help rein-fuse life with connection and meaning."³³ That is the hope and help for suicide prevention through spiritual care that chaplains can offer to U.S. military veterans.

Suicide and Veterans: What We Know, How We Can Help, by David A. Litts, O.D. demonstrates how U.S. military Chaplains can help those veterans that are dealing with suicidal thoughts. For a long time, veteran suicide rates were not out of the ordinary from the national average of non-military personnel who commit suicide each year. Early prevention is the key to cut down on the number of veterans committing suicide. A great number of at-risk military personnel are beginning to benefit from the treatment offered through the VA, and many now have hope to try and curb their suicidal thoughts and tendencies. Spiritual care providers like VA Hospital chaplains can be better used to help at-risk veterans connect them to a support group, by way of focusing on their specific faith. Through spiritual care, a veteran can accept social

³² *ibid.*

³³ Joseph J. Amato, Deborah J. Kayman, Mark Lombardo, and Marjorie F. Goldstein, "Spirituality and Religion: Neglected Factors in Preventing Veteran Suicide?," *Pastoral Psychology* 66, no. 2 (December 21, 2016): 197, accessed April 5, 2017, <http://dx.doi.org/10.1007/s11089-016-0747-8>.

support, and see their social skills increase to the point where receiving help and treatment can be embraced.

Counseling and Psychotherapy: A Christian Perspective, by Siang Yang Tan, utilizes Christian Cognitive Therapy (CCT) in an attempt to alleviate the distortions that occur in the mind of a person who is having illogical thoughts, such as arbitrary inference, selective abstractions, overgeneralizations, magnification, personalization, and dichotomous thinking. Tan is one of the leading Christian cognitive therapists and has incorporated aspects of cognitive behavioral therapy, and theology together. According to Eric L. Johnson, and Todd Hardin, they both believe that Tan's therapy model is one of the greatest present-day accomplishments of Christian counseling. The reason being that cognitive behavioral therapy has provided effective treatment not only outside the church but also inside as well. Tan's fusion of Christian Cognitive Therapy is something that can really help veterans that are dealing with thoughts of suicide by incorporating CCT (Christian Cognitive Therapy) which modifies a CBT (Cognitive Behavioral Therapy), in that it desires to help teach clients how to take every thought captive, and then hold it up to the light of theology. The process of doing so can equip clients to replace negative and unwanted thoughts, by replacing them with the truth of Scripture. The proper use of Scripture is extremely vital in formulating a proper approach to Christian CT. This is required to ensure that clients not only remove unbiblical beliefs, but that they can adopt biblical principles in its place.

Cognitive Behavioral Therapy for Christians with Depression: A Practical Tool-Based Primer, by Michelle Pearce is based on many of the principles of cognitive behavioral therapy, as both are focused on a structured partnership between the therapist and client, which is based on a collaborative effort of achieving goals. CCT is different than CBT in the way it uses the client's own Christian beliefs and practices. CCT counselors seek to aid their clients, by helping

them achieve a deeper understanding of their Christian worldview that will bring about changes in thoughts and behavior. This is vitally important for a veteran who is struggling with thoughts of suicide to be able to rediscover their core Christian worldview beliefs.

Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense by Jason A. Nieuwsma outlines how the integration of chaplains with mental health professionals can better treat at-risk veterans. Chaplains have long played a significant role for the service men and women of the Armed Forces. "Importantly, suicide prevention was a notable area on the survey in which DoD chaplains indicated feeling well prepared via training (79% indicated feeling 'very prepared,' compared to 58% in VA), evidencing that DoD's training efforts in this domain are having an impact on chaplains and suggesting that such training are worth pursuing in the VA as well."³⁴ The implementation of an integrated mental health care and chaplaincy services will allow veterans to receive the best care possible.

The Role of Military Chaplains in Mental Health Care of the Deployed Service Member, by Karen Besterman-Dahan focuses on the chaplain's role in the process of making referrals to mental health care providers. The article discusses the confidentiality practices between the chaplain and the soldier. The study is based on a 2005 survey of active United States military personnel.

New Suicide Prevention policy regains 'human element', by Wayne A. Hankamer explains how there is a culture among service men and women in the military to not seek out help when having thoughts of suicide. Therefore, a new command policy was implemented on

³⁴ Jason A. Nieuwsma, "Chaplaincy and Mental Health in the Department of Veterans Affairs and Department of Defense," *Journal Of Health Care Chaplaincy* 19, no. 1 (January 2013): 15. (accessed April 11, 2017), <http://dx.doi.org/10.1080/08854726.2013.775820>.

suicide prevention and health and promotion. The goal is for commanders across the USARPAC to encourage soldiers to seek help in an attempt to remove the stigma on those who do.

Reframing Suicide in the Military, by George R. Mastroianni, and Wilbur J. Scott offers a critical analysis of existing concepts of suicide prevention, and explore changes that need to manifest inside the military. This is a continuation of the RAND report on the increasing rate of suicides within the Armed Forces.

Preventing Suicides in US Service Members and Veterans: Concerns After a Decade of War, by Charles W. Hoge, expresses the need for better preemptive strategies for screening veterans who are at risk of suicide. The article explains that there is an overwhelming lack of data on the impact of multiple deployments on military personnel over the last decade, as it may take additional time for the data to be revealed.

Understanding and Preventing Military Suicide, by Craig J. Bryan, delves into a deeper understanding of the tragedy that is taking place among today's military veterans, and the rate of which suicides among them is increasing. The article expresses that there can be a better way to recommit practices of mental health treatment and suicide prevention for those who volunteer to defend the country. The line has become blurred for many who serve, and have served between taking a life and preserving their own; however, steps can be implemented to ensure and embrace both the military and the people who serve within it its ranks.

Preventing Veteran Suicide: The Critical Role of Community-Based Prevention by Rajeev Ramchand, is a testimony account offered before the Senate Appropriations Committee in the United States Senate. Ramchand offered testimony citing that the VA Health Care system sees over six million patients a year and a majority of them are Caucasian males. "This is the

group at highest risk of suicide nationally.”³⁵ According to testimony provided the VA Health Care system is the number one entity in the country for preventing suicides, but the problem is those veterans who are outside the VA system, or who are not registered with the VA Health Care system. Therefore, based on this testimony there will be solutions offered of how spiritual care can help bridge the gap for those veterans who are outside the VA system.

The War Within, by Rajeev Ramchand, Joie Acosta, Rachel M. Burns, Lisa H. Jaycox, and Christopher G. Permin is an account given to the Office of the Secretary of Defense from the RAND Corporation, which provided current suicide prevention programs. The goal of the report was to offer better solutions and the best options on how to improve suicide prevention programs throughout the Department of Defense.

An Air Force Model of Psychologist-Chaplain Collaboration by Frank C. Budd, introduces how a partnership between mental health care providers and chaplains can be beneficial to military personnel. The correlation and overlap between those in the psychology field and clergy are becoming more apparent in today's culture. Many that are dealing with psychological symptoms also are wrestling with issues of faith and spiritual concerns and issues as well. There is a natural collaboration that must take place for soldiers to receive the optimal level of care and treatment for the issues they are dealing with. This report offers seven strategic recommendations for making the most of a healthy collaboration between both mental and spiritual health care providers.

Suicide Data Report, by Janet Kemp and Robert Bossarte, provides a detailed report of suicides committed by veterans over a four-year period. The U.S. Department of Veterans Affairs published the report in 2012. The study focused on breaking the data into categories of

³⁵ Rajeev Ramchand. “Preventing Veteran Suicide: The Critical Role of Community-Based Prevention.” *Rand Corporation*, (April 27, 2017): 3, Accessed on April 30, 2017. http://www.rand.org/content/dam/rand/pubs/testimonies/CT400/CT474/RAND_CT474.pdf

age, gender, and ethnicity of those veterans who had committed suicide between the years of 2009 to 2012.

The Sufficiency of Scripture in Counseling by Wayne A. Mack, establishes that contemporary approaches to counseling do not take into account man's fallen nature, and spiritual depravity, and therefore only the Bible can help people who are suffering from issues caused by sin. The article explains that in Christ there is a sufficiency found in God's Word for issues dealing outside the mental and physical arena, as the insight of God will always prevail over the insight of fallen man of matters of the spirit.

Evaluation of Gatekeeper Training For Suicide Prevention in Veterans by Monica M. Mathieu, asserts that gatekeeper training for nonclinical staff members and first contact staff members can be a big help in preventing suicides among veterans. This is accomplished by understanding the warning signs. This type of training will enable both clinical and nonclinical staff to refer veterans who have signs of being at risk of suicide for evaluation and treatment.

A Systematic Review of Suicide Prevention Programs for Military or Veterans by Steven C. Bagley, Brett Munjas, and Paul Shekelle gives an account of how multicomponent interventions with military personnel can minimize the risk of suicide. Seven studies were conducted and the conceptual model of risk factor identification was used as the primary method that most helped reduce the risk of suicide among military personnel and veterans.

Review of Scripture

Scripture will be a major part of the literature used for this thesis project. The purpose will be to demonstrate why the verse or passage is relevant to the topic. Each Scripture reference will be accompanied by an explanation of what the passage means and how it correlates to the

research and study of the thesis project. All Scripture verses used will be from the New American Standard Bible.

Proverbs 12:18, "There is one who speaks rashly like the thrusts of a sword, but the tongue of the wise brings healing." This verse proclaims that there is not only wisdom in seeking sound advice, but that it can also bring about healing. This is the role of a chaplain in both the VA Hospital, and in a military setting. They can offer sound advice and healing too at-risk veterans and military personnel that are struggling with thoughts of suicide.

Proverbs 1: 2-3, "To know wisdom and instruction, to discern the sayings of understanding, to receive instruction in wise behavior, righteousness, justice, and equity." This passage relates to the veteran who may be struggling from their own ignorance on matters on the meaning of life, and who desire to understand righteousness. Spiritual care providers can direct those who seek a deeper understanding of the ways of God into a better knowledge of faith, and how it can produce better behavior towards life.

Psalms 119:52, "I have remembered Your ordinances from of old, O Lord. And comfort me." This verse gives strength to the person who is dealing with an immediate affliction, as the wisdom of the Law of God can provide clarity and truth into a circumstance that seems hopeless, and helpless. The Lord does not change; therefore neither does His promises of comfort for those who are afflicted and distressed.

John 16:13, "But when He, the Spirit of truth, comes He will guide you into all the truth; for He will not speak on His own initiative, but whatever He hears, He will speak; and He will disclose to you what is to come." The Holy Spirit provides help for us in our inadequacy. The Spirit draws us toward salvation, and the right relationship to Christ, by renewing our mind and thoughts. He also convicts us of sin, and thoughts that do not align with Scripture of God's

Word. The Spirit equips us to do all that God calls us to do, and that includes enduring hardship and difficulty brought on by the perils of this world and life. There is hope found in Jesus, by the way of the Spirit who indwells us.

John 14:26, "But the Helper, the Holy Spirit, whom the Father will send in My name, He will teach you all things, and bring to your remembrance all that I said to you." Jesus in this verse identifies all three persons of the Godhead, and how the Trinity is of equal stature and divine in nature. Although there are three persons that make up the Trinity, there is still only one God that they all three encompass. Therefore, the Holy Spirit will enable someone who is suffering a traumatic time to receive encouragement and help, by bringing to mind the Words of the Lord in their affliction. Chaplains have the aid of the Holy Spirit's power to help them counsel those who are hurting and suffering, by offering the truth of God's Word for those who face uncertainty.

2 Timothy 3:16-17, "All Scripture is inspired by God and profitable for teaching, for reproof, for correction, for training in righteousness; so that the man of God may be adequate, equipped for every good work." To understand fully what the word inspired is meaning here is to substitute it with the word breathed. The Lord breathed inspiration into the Bible, by utilizing the faith of men throughout history to communicate fully His message and teachings to the world. The Word of God is a manual for living that enables people to live their life with an anchor to keep them steady in the storms of life. The Bible is a final authority when it comes to what is true, as the Holy Spirit is the one who reveals all truth to mankind.

God provided the world His Word for one significant purpose, which is to ensure that people have the resources for spiritual maturity. The Holy Spirit coupled with Scripture affords mankind a means to correct and rebuke when needed. Part of the rearing by the Holy Spirit is to

enable those in Christ to discover and find His will for their lives. For the lost soul He convicts of sin, which can lead to salvation and hope beyond their lives on earth. The goal of the Holy Spirit and the Word of God is to lead mankind into reflecting the image of God (Imago Dei).

This is an important tool for any spiritual care provider to be able to offer these verses to veterans who are struggling with hopelessness over current or past guilt and shame. To be able to establish that God's Word is, in fact, true, and can be trusted to offer a real perspective on one's life is incredibly important to do. To establish God's Word as true opens the door for other relevant passages to come to life in an at-risk veteran's current situation. The Bible and the truth reveal that the Holy Spirit can help a veteran see that the thoughts of themselves that are causing them depression are not, in fact, coming from God, but rather from a false self-image, or lack of understanding on life in the grand scheme of reality.

For veterans who are at risk of suicide that seek out the advice from a chaplain being able to establish to them that God's Word is divinely inspired, and authoritative because it is the truth that is extremely vital. This can offer a perspective to that veteran that the Bible can, in fact, be also profitable for nourishing their afflicted soul. To help them view their situation from God's perspective will not only save one's life but also save their soul in the process. God's Word can go even further to inspire an at-risk veteran to embrace a different perspective and also help them to connect with a support group of peers that may be suffering from the same affliction as them. Connection to God and others is key in helping to prevent suicides, and offering a divine perspective can go along way in accomplishing that for veterans who are seeking out spiritual care.

Hebrews 4:12, "For the word of God is living and active and sharper than any two-edged sword, and piercing as far as the division of soul and spirit, of both joints and marrow, and able

to judge the thoughts and intentions of the heart." The Bible lives because it remains active in our hearts and minds, through the Power of the Holy Spirit. It is through the Holy Spirit's power, which enables believers to weather the storms of life while grounding them through faith to the truth. The Holy Spirit enables the truth of God's Word to offer a stabilizing presence when the uncertainties of life enter into one's life. This understanding of truth and help of His presence can comfort a veteran dealing with thoughts of inadequacy, and a lack of hope.

Hebrews 10:24-25, "And let us consider how to stimulate one another to love and good deeds. Not forsaking our own assembling together, as is the habit of some, but encouraging one another; and all the more as you see the day drawing near." There is something truly important about being involved in gathering together in a corporate worship setting. God did not create human beings to be isolated and not connected to others. To be apart of a local body of believers not only can help maintain followers of Christ connected to Him but also provides the stability of being connected to others for when the storms of life hit.

Isolation is the enemy of maintaining a healthy walk with the Lord, but it is also the enemy when it comes to keeping a sound mental perspective of life. When one becomes disconnected from those that are like-minded it can be very easy to adopt a false perspective when doubt, fear, and confusion appear. No one is immune to the negative things of life. This can be no truer than for the brave men and women who have served in the Armed Forces.

Too often many veterans face isolation after their service is complete, and they are no longer with others from their platoons, or squadrons that they trust with their life. They then have to figure out a way to now trust people in their civilian life, which do not know the trauma they have experienced in life. Most of the time it is not easy for them to open up to friends and family concerning the things they are struggling with, but if a veteran can get connected into a church

group early after being discharged from the military their chances of developing a support system is greater than not. Feeling connected to something greater than one's self is always important for people to know, but more so for veterans who have sacrificed their lives for a greater purpose than themselves. Having a sense of belonging is a great way to safeguard and help to prevent suicide among at-risk veterans.

Romans 12:1-2, "Therefore I urge you, brethren, by the mercies of God, to present your bodies a living sacrifice, acceptable to God, which is your spiritual service of worship. And do not be conformed to this world, but be transformed by the renewing of your mind, so that you may prove what the will of God is, that which is good and acceptable and perfect." The most important aspect of having a relationship with Christ is not just receiving salvation, but also understanding one's purpose in life. Discovering purpose for an at-risk veteran could change their perspective on life, and begin to see things from God's viewpoint, which is to use one's body for Holy living that honors Him.

The transformation comes when a person's thinking changes. This occurs when God's Word is studied thoroughly, as the Bible has the power to change a person's perspective on life and the role they play in the world. When God's commands are observed there will be a discovery of His will that occurs. God's will in a person's life can take the at-risk veteran to a new level of understanding about how their life matters in the totality of God's plan, which will provide a sense of acceptance that many at-risk veterans are desperate to receive.

Romans 15:13, "Now may the God of hope fill you with all joy and peace in believing, so that you will abound in hope by the power of the Holy Spirit." The Christian life can be exemplified by the presence of hope. The goal of growing in grace is to see one's hope extend further into peace, and eventually joy, as these are the measurements of faith. A veteran cannot

have faith until they first have hope, and hope comes by trusting the Holy Spirit to guide people into all truth. Truth can cast out fear, as where truth resides, then uncertainty must flee. Once the Holy Spirit can establish the truth of God's Word in a veteran's mind, and that is the point when hope can be restored.

1 Thessalonians 5:11, "Therefore encourage one another and build up one another, just as you also are doing." This verse can be applied very specifically to the role pastoral care plays in the lives of veterans that are dealing with depression and thoughts of suicide. Most chaplains offer encouragement to many on a daily basis, and often an encouraging word can go a long way to someone who is hiding the fact they are struggling with life.

1 Corinthians 14:3, "But one who prophesies speaks to men for edification and exhortation and consolation." Spiritual care providers are able to speak to veterans in such a way that can not only provide a personalized message to them but also extend a sense of encouragement and hope.

Ephesians 2:4-5, "But God, being rich in mercy, because of His great love with which He loved us. Even when we were dead in our transgressions, made us alive together with Christ (by grace you have been saved)." Prior to coming to Christ, as being identified as lost meant the human spirit was blind to God. The only way the spirit can change is by being given a new one, through the free offer of Christ Jesus. A new spirit illuminates a person into a new creature and leaving behind the treachery of the world, and all it encompasses. The offer of a new mind and spirit to those who are dealing with guilt and shame of past deeds can be an opportunity to release them from the bondage of their negative thoughts and replacing it with a fresh outlook on life.

Ephesians 4:23, "And that you be renewed in the spirit of your mind." Only the Holy Spirit has the authority and power to change people's mind and focus it on the positive things of God. Apart from the renewing power of God, there is no hope for those afflicted in their minds to find peace and solace. The blessed hope is found in the solace that the Holy Spirit will continue to both convict and encourage people into all truth, and the truth He offers is absolute. There is no such thing as partial truth when it comes to the Holy Spirit, and through complete truth, a regeneration of the mind can occur. This is often what many veterans are seeking, which is a hope that lies beyond what they think, see, and feel.

Proverbs 13:10, "Through insolence comes nothing but strife, But wisdom is with those who counsel." The book of Proverbs offers a great deal on the topic of counseling. No matter what arises through the storms of life the first place one should go is to seek the counsel of Almighty God, and there is no better place to find refuge than in the shelter of God's wisdom. The chaplain can be the mouthpiece for God in the midst of turmoil for many veterans who are struggling to make sense of the many thoughts in their minds. Strong counsel can act as an anchor on a boat for someone who is feeling tossed by the seas of life.

Proverbs 15:22, "Without consultation, plans are frustrated, But with many counselors, they succeed." No one has unlimited knowledge or perspective on every issue of life. Therefore, godly insight and various views on matters of life are important to inquire when making important decisions. A wise counselor can offer a perspective that can help in difficult circumstances of life, and especially when one's own mind seems cloudy of what the truth is. This is important for current military personnel and veterans to seek out a chaplain who can offer a different outlook on things they might be dealing with.

Isaiah 41:10, “Do not fear, for I am with you; do not anxiously look about you, for I am your God. I will strengthen you, surely I will help you, surely I will uphold you with My righteous right hand.” There is no doubt that at some point in everyone’s life they will face situations that cause them a great deal of anxiety and fear. This is very true for many veterans who are dealing with thoughts of depression, fear, and even suicide. The Father contends that when facing these types of circumstances that the offer to overcome is provided, through utilizing the Word of God in that situation that seeks to destroy one’s mind. God has promised to never leave anyone to his or her own defenses, and that includes the veteran who may be struggling with thoughts of suicide.

Isaiah 55:9, “For as the heavens are higher than the earth, So are My ways higher than your ways And My thoughts higher than your thoughts.” The reality is there are some things that occur in this life that man’s mind is just too finite to understand. Not every single aspect of what one may see, think, or feel is going to make complete sense to the logical human mind.

Despite those times of uncertainty and lack of understanding the Lord’s mind and ways can still be trusted, and even when they do not make sense on the surface. This is important for a veteran who is struggling mentally, and spiritually to understand certain aspects of their life, as not everything can be reasoned out logically. God will sometimes do things that even the average Christian cannot comprehend at the time, but the realization that His way is the best way, and that one can still trust God even when He may not be fully understood at the time is important. Accepting that God has a higher plan and purpose than what is revealed to mankind can be the breakthrough to a veteran who is mentally trying to process every detail of their life. Some things must be turned over to God without fully understanding why they occurred and happened. This is vitally true for many veterans suffering from guilt and shame over the past. The next chapter will

provide more detail of the current methodology that is used to treat at-risk veterans and active duty members that are suffering from thoughts of suicide

Chapter 2: Methodology

Theoretical Orientations for Helping At-Risk Veterans

“For the first time in our history, suicide rates among members of some military branches have reached or eclipsed the rates seen in the general population, and the suicide rates are not limited to those in combat.”¹ A contributing factor for the suicide rates among the military going up can be found in a lack of coordination between Mental Health Care Professionals, and Hospital and Military Chaplains. Therefore a theoretical orientation is needed that can be used in Christian counseling, for helping at-risk veterans that are dealing with thoughts of suicide “Thus, for veterans holding high security clearances – top secret or above – that clearance can mean eligibility for lucrative work in government or in the defense industry. The perception is that visiting a mental health clinician can put a veteran in jeopardy of losing that security clearance is widely held.”² Therefore, they will confide more in Chaplains, Pastors, or Clergy. This results in them not getting the complete healthcare they need, which includes, mind, body, and spirit. The goal of the research is to gain a better understanding of the stigma that surrounds veterans and military personnel, as to why they do not seek out the help they desperately need.

This research will enable better communication between physicians, mental health care providers, and chaplains, by better understanding the military veteran's attitude on suicide, and the stigma to not seek help for suicidal thoughts may help to provide a more balanced comprehensive health care plan for veterans struggling with thoughts of suicide. The key ingredient that is currently missing in helping to motivate all aspects of the human psyche is the

¹ David A. Litts, David A. O.D. "Suicide and Veterans: What We Know, How We Can Help." *Health Progress* 94, no. 3 (May 2013): 28, accessed March 30, 2017, <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1415612109?accountid=12085>

² *Ibid.*, 28.

spiritual aspect; therefore, by incorporating a holistic health care plan, which includes all aspects of mind, body, and spirit for veterans battling PTSD, and suicidal thoughts can help to deter suicide attempts among military veterans. Thus, the applied research that was conducted sought out United States military veterans, and active personnel that has served, or currently serving in any branch of the armed forces, and are current members of this researcher's counseling center Encouragement and Hope Ministries. A survey was given to this group of military veterans and active duty personnel that have been helped or seeking help for thoughts of suicide, through the aid of spiritual care counseling. The results of the applied research will be shared in the next chapter. However, this chapter will break down the current most popular theories of counseling offered to at-risk veterans, in helping them to deal with PTSD, or thoughts of suicide.

First, is that of the integrationist perspective, which is the integration of both psychology and theology together. "Second, is cognitive-behavioral therapy, which is the theory that believes that psychological distress is the result of disturbances in the cognitive processes, and that changing the way a person thinks can bring about a healthy change in their behavior."³ Third, Christian cognitive therapy is the last theory of integration, as it believes that a person's thoughts are the source of their problems. This chapter will also discuss the tenets for each theory and their influencers. The theories presented will then be examined to find strengths and weaknesses, as well as the specific techniques that make up each component of the theory. The goal of this section is to explore each current model of treatment for both their theological and psychological foundations, in treating at-risk veterans with suicidal thoughts, and to discover where integration of theories could better help to stop the high rate of suicides that are currently taking place.

³ Brooks, Jeanne. "Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 458.

Tenets of the Theories

Integrationist Perspective

“Christian integration perspective encompasses integration of the Christian faith and the discipline of psychology. These two themes – contamination and redemption, and moving from the former to the latter – are central to the goals of a Christian integrationist perspective.”⁴ This is the goal of a good Christian counselor, to be able to distinguish spiritual issues, from psychological ones. This is most evident in dealing with a veteran that is experiencing thoughts of suicide, or suicidal tendencies. The fact is that pastoral and psychological counseling have a lot in common in certain aspects, but drastically different in others. Research has proven that beliefs related to spirituality assist those who are dealing with symptoms related to PTSD (Wade, 2016).

Differences

“There are some differences between the two counseling fields of psychology and pastoral counseling. First, psychological counselors primarily relate with clients in a professional counseling environment.”⁵ Typically the only interaction between a client and a psychologist would occur inside the counseling room; on the other hand, a pastoral counselor might follow up with an at-risk veteran through prayer, or words of encouragement outside the counseling dynamic, by way of a call, text, or email.

Secondly, a psychologist will not attempt to influence clients from their own viewpoint; “However, a pastoral counselor may offer insight into their own personal religious faith, and in a

⁴ Victor Hinson (2011). “Integrationist Perspective”. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 454-455.

⁵ Pan, P. J. D., Deng, L. F., Tsai, S. L., & Yuan, J. S. S. (2013). “Issues of integration in psychological counseling practice from pastoral counseling perspectives”. *Journal of Psychology and Christianity*, 32(2), 146-159. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1437251919?accountid=12085>

way that might influence the client they are counseling.”⁶ The Christian integrationist can do this based on the belief system that there is a third component in the counseling room, which is in the form of the Holy Spirit. “His presence is what makes the Christian counselor different from that of the psychologist.”⁷

Similarities

One of the main things a Christian counselor and a psychological counselor do have in common is the fact that they each hold the client's welfare as a top priority. "Both counselors operate from a place of high ethical and moral standards while utilizing their educational training to be professional at all times."⁸

Confidentiality of the veteran seeking help is another important commonality between the two counselors. Trust is a major concern that a counselor seeks to instill in their clients, and without confidentiality that is simply not possible. Integrity is vital in building a rapport with a counselee, and if confidence is broken there is simply no way to get it back in a counseling situation; thus, confidentiality is an area where both the theological and psychological counselors agree.

The key for the pastoral counselor that wants to incorporate psychology and secular philosophy into their counseling must do so on the premise of a strong biblical worldview, as that is the foundation one should operate from. When the counselor's worldview is grounded in

⁶ Ibid., 146-149.

⁷ Hinson, V. (2011). "Integrationist Perspective". In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 454-455.

⁸ Pan, P. J. D., Deng, L. F., Tsai, S. L., & Yuan, J. S. S. (2013). "Issues of integration in psychological counseling practice from pastoral counseling perspectives". *Journal of Psychology and Christianity*, 32(2), 146-159. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1437251919?accountid=12085>

biblical principles incorporation of the integrationist perspective will only enhance their ability to counsel effectively

Cognitive-Behavioral Therapy

"Cognitive-behavioral therapy (CBT) is the understanding that psychological distress is a result of a disruption in the cognitive process, and that changing the way a person thinks can, in fact, change their behavior."⁹ "Cognitive simply means the process of thinking, and behavior refers to one's actions or reactions to something."¹⁰ "This theory combines a psychological model, with the understanding that the client must take an active role to initiate change in their lives."¹¹

CBT brings about positive behavioral change in a person's life through collaboration between the client and therapist, by recognizing unhealthy thought patterns in the client's thinking. The goal is to get the client to desire to change their mindset through a practice of incorporating a better perspective on life that occurs in the mind. Thus, once a person begins to change their thinking, as a result, their behavior will soon follow suit, which can lead to a healthy and more productive outlook on life.

CBT seeks to delve deep into a person's psyche, by better understanding one's attitudes, beliefs, opinions, and ultimately their behaviors. The heart of the theory understands the emotional grip an event can have on their life simply based on how they view what happened. Many at-risk veterans suffer from resentment, pain, difficulty, and sorrow simply based upon the emotional view they place on an event, or circumstance in their life. "Cognitive-behavioral

⁹ Brooks, Jeanne. "Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 455-458.

¹⁰ A. Joseph. "Cognitive behavior therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT," (2016): Accessed July 29, 2018, <https://ebookcentral-proquest-com.ezproxy.liberty.edu>

¹¹ Brooks, Jeanne. "Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 455-458.

therapy attempts to take away the power over negative events that occurred in one's life, by lessening the importance of it in the perspective of their mind."¹² This can help to unlock an at-risk veteran that is frozen in the emotion of something that occurred many years ago. The understanding that emotion is controlled by the way a person thinks, and not the other way around.

Christian Cognitive Therapy

Christian cognitive therapy is focused more on identifying unbiblical thinking as being the reason for problematic feelings and behavior. "Therefore, another approach of CT is that of misbelief therapy, which attempts to root out unbiblical, as well as erroneous thoughts."¹³

"Christian Cognitive therapy primarily attempts to take a client who is depressed from seeking the pursuit of worldly happiness, by looking beyond this earthly realm of happiness into seeking the real divine truth."¹⁴

Cognitive therapy assumes that emotions occur from a basic personal belief concerning situations and things that happen in the world. "Teaching truth over happiness is an essential element for this theory, as possessing critical thinking skills is an important part of treatment."¹⁵ Christian cognitive therapy counselors attempt to focus the client on Scripture, by exploring the lives of various characters of the Bible who in fact changed their mindsets by sacrificing happiness for truth. For example, cognitive therapy allows an at-risk veteran that is struggling from guilt the opportunity to explore their guilty feelings in the light of Scripture, by identifying

¹² A. Joseph. "Cognitive behavior therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT," (2016): Accessed July 29, 2018, <https://ebookcentral-proquest-com.ezproxy.liberty.edu>

¹³ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011).

¹⁴ M. R. McMinn, *Cognitive Therapy Techniques in Christian Counseling*. (Eugene, Oregon: Wipf and Stock Publishers, 2007). 10.

¹⁵ *Ibid.*, 13.

and eliminating irrational guilt. "The overall effectiveness of Christian CT has received experiential support, for its help with those were suffering from depression."¹⁶ Christian CT offers a biblically based alternative to cognitive behavioral therapy.

Influencers of the Theories

Integrationist Perspective

"The integrationist perspective actually began in the 1930's, but was found very difficult at that time to integrate the two forms properly."¹⁷ Many Christian counselors have written a great deal about the topic of integration, but there is still no clear definition of what encompasses the theory. "The lack of a concrete description of the perspective makes it difficult to have a concise and clear purpose."¹⁸ The primary reason being is because the theory requires that the counselor be the one who is integrated with their perspective in counseling. This can be problematic for many pastoral counselors to define how they integrate theology and psychology together, as many often trust their own personal instincts for how they use integration. "Typically most counselors whether non-Christian, or Christian will attempt to cope with the boundary of psychotherapy, and matters of faith."¹⁹ This is even more so for the pastoral counselor, as they

¹⁶ Siang-Yang Tan, "Christian Cognitive Therapy." In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling* (481-483). Eugene, Oregon: Harvest House Publishers, 2011. 483.

¹⁷ Pan, P. J. D., Deng, L. F., Tsai, S. L., & Yuan, J. S. S. (2013). "Issues of integration in psychological counseling practice from pastoral counseling perspectives". *Journal of Psychology and Christianity*, 32(2), 146-159. Retrieved from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1437251919?accountid=12085>

¹⁸ Victor Hinson. "Integrationist Perspective". In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 454-455.

¹⁹ Loren Townsend, *Introduction To Pastoral Counseling*. (Nashville, Tennessee: Abingdon Press, 2009). 75-101.

deal with an intra-Christian context, as well as the public policy. “The goal of the pastoral counselor is to balance behavioral sciences, theology, spirituality, and psychotherapy.”²⁰

Cognitive Behavioral Therapy

“Freud, often considered the father of psychology, introduced the two concepts of unconscious processes/motivation and developmental antecedents of behavior.”²¹ “Then the concept was more focused on the precursors that motivate behavior, which introduced by theorists Watson, Skinner, Pavlov, and Thorndike. This established that behavior is the function of punishment and rewards.”²² “Aaron Beck developed cognitive therapy, which focused on the concept of faulty thinking, and how a person's mind can determine their emotional wellbeing.”²³

“Albert Ellis established what is rational emotive behavior therapy (REBT), which centers on the idea that people respond to life events based solely on how they respond to those events;”²⁴ “therefore, Ellis believed the source of human misery was founded in social indoctrination, which produced irrational beliefs. Thus, Ellis came up with 12 irrational ideas that he believed to be the cause of human suffering.”²⁵ “Ellis’ theory was to strongly focus on the client’s damaging irrational feelings until they were open to replacing them with a useful belief system in its place.”²⁶ “REBT is, in reality, a collaborative effort between the client and the

²⁰ Ibid., 75-101.

²¹ Jeanne Brooks. “Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 456.

²² Ibid., 456.

²³ Ibid.,

²⁴ Ibid.,

²⁵ J. Carlson, J. and W. Knaus, *Albert Ellis revisited*. (United Kingdom: Taylor & Francis Ebooks, 2013), p.74.

²⁶ Ibid., 74.

counselor, by selecting personal improvements in their restructuring, while eliminating illogical mindsets that produce poor behavioral responses."²⁷

CBT believes that behavior is capable of altering one's psychological state of mind. This can be found for an example in a person who has issues with avoidance, as the more they avoid situations it will result in them having more negative thoughts about their self. "The idea is that changing one's behavior can be a powerful tool in the person changing their thoughts and emotional mindset."²⁸ "However, CBT requires that the therapist have extensive training in theoretical techniques, interventions, and concepts."²⁹

Christian Cognitive Therapy

Aaron Beck founded cognitive therapy, which is a key component of cognitive behavioral therapy. "Cognitive therapy is comprised on the concept that negatively flawed thinking that is centered on an irrational and unreasonable mindset will lead to depressive emotions, which will turn into problematic behaviors."³⁰

Christian cognitive therapy was created by various Christian cognitive therapists and is centralized on addressing unbiblical thinking that does not align with Scripture, as this is believed to be the cause of emotional and behavioral problems. William Backus a Christian cognitive therapist is of the belief that a lack of faith and trust in the Bible is the source of problems in people. "He started the theory called misbelief therapy, which uses the Bible to

²⁷ Jeanne Brooks. "Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 457.

²⁸ A. Joseph. "Cognitive behavior therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT," (2016): Accessed July 29, 2018, <https://ebookcentral-proquest-com.ezproxy.liberty.edu>

²⁹ Jeanne Brooks. "Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 457.

³⁰ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011). 271.

correct faulty thinking, by incorporating biblical principles into one's belief system and mindset."³¹

Chris Thurman's CT approach incorporated a large portion of Albert Ellis's rational emotive behavior therapy (REBT), which is discussed in the previous section. "This theory incorporates biblical principles while challenging beliefs that fall outside of the realm of Scripture."³² "Larry Crabb offered a form of cognitive therapy via his method of biblical counseling. He tried to focus on identifying problem areas in a person's thinking, and then orchestrate a plan to replace the erroneous thinking with that of biblical thinking."³³

"Mark McMinn explains that cognitive therapy techniques and Christian theology can be integrated to provide a productive healing environment."³⁴ McMinn's Christian cognitive therapy approach is based on a more relational form of CT. Christian CT is based on similar principles of CBT, as both are designed based on a partnership between the client and therapist to set goals, by pinpointing unhelpful mindsets; however, where CCT is set apart is in the usage of a client's own Christian beliefs."³⁵ Therefore, Christian CT executed properly can transform a person's mindset, by incorporating Scripture as the foundational agent for change.

³¹ Siang-Yang Tan, "Christian Cognitive Therapy." In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 481.

³² Jeanne Brooks. "Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 456-457.

³³ Siang-Yang Tan, "Christian Cognitive Therapy." In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 481.

³⁴ M. R. McMinn, *Cognitive Therapy Techniques in Christian Counseling*. (Eugene, Oregon: Wipf and Stock Publishers, 2007). 4.

³⁵ Michelle Pearce, *Cognitive Behavioral Therapy for Christians with Depression: A Practical Tool-Based Primer*. (West Conshohocken, Pennsylvania: Templeton Press, 2016). 15.

Specific Tenants of the Theories

Integrationist Perspective

The differences that this researcher has identified as being problematic are in the opposing philosophical areas of study between the two types of counselors. The pastoral counselor operates from a perspective of God's sovereignty and relies upon His ability to reconcile and change a person's life. However, the psychologist is coming from a place of humanistic counseling theory and principles, so they can help a client deal with a specific problem. The goal of the pastoral counselor in their use of theology is to help the client learn how to be more like Jesus. This simply is not the goal of psychology, as in a broader sense a psychologist's goal is to help clients on a more human level.

Despite the different theories and goals, this author does believe that the integration perspective can be effective, while also enabling one's biblical theology in counseling to increase in the process. As a pastoral counselor seeks to increase their understanding of psychological science their understanding of humanity will also be strengthened. "A counselor who can fully comprehend how man bears the image of God, while also bearing the sin of Adam at the same time can be highly useful to a client."³⁶ Human beings bear the possibility of redemption, while also carrying the burden of a fallen nature, in the form of their flesh. Therefore, it only makes logical sense that a counselor should know how to speak to both aspects of a person's mind and spirit. Jesus often counseled people in this way, and a pastoral counselor can also do the same thing, through the use of the integrationist perspective.

Cognitive Behavior Therapy

CBT is one of the more popular approaches to therapy. "However, therapists considering

³⁶ Victor Hinson. "Integrationist Perspective". In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 454.

this technique should work closely with the client to let them know that CBT is an extremely structured, and collaborative approach to counseling.”³⁷ CBT believes what a person becomes is based solely on the emotional responsibility of the client. All behavioral change is based on the premise that it is not what happened to a person that makes them feel the way they feel, but rather it is their response to what happened. “CBT believes that the way one thinks about something will affect how they feel and behave.”³⁸

“CBT is a collaborative approach with the underlying therapeutic assumptions that psychological distress is a result of disturbances in cognitive processes and that changing the way one thinks results in a positive healthy change in behavior and affect.”³⁹ Many times people will avoid things based on how a person or an event makes them feel. The problem with avoidance is it creates a bigger issue in the form of isolation, as it is in isolation where depression and mental anxiety begin to flourish. “Therefore, it takes changing one’s behavior in order to see thoughts and emotions change, and that is what ultimately enables a client to begin to achieve in life.”⁴⁰

“Traditional therapies take the view that looking at problems in the here and now is superficial. They consider successful treatment must uncover the childhood developmental issues, hidden motivations and unconscious conflicts that are supposed to lie at the root of the

³⁷ Jeanne Brooks. “Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 457.

³⁸ A. Joseph. “Cognitive behavior therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT,” (2016): Accessed July 29, 2018, <https://ebookcentral-proquest-com.ezproxy.liberty.edu>

³⁹ Jeanne Brooks. “Cognitive-Behavioral Therapy. In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 456.

⁴⁰ A. Joseph. “Cognitive behavior therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT,” (2016): Accessed July 29, 2018, <https://ebookcentral-proquest-com.ezproxy.liberty.edu>

problem.”⁴¹ The goal of these theories is to find the root cause of the problem, and by doing so it would ensure that the issue would not resurface at a later time; “however, there is very little to no evidence to substantiate such a claim. CBT, on the other hand, can show evidence of how current life problems are kept and preserved by behaviors, and changing the behavior could alleviate the problem.”⁴²

CBT examines thoughts to determine if they are in fact based on reality. This is simply the process of evaluating a past event on fact and not on merely what is perceived. The important thing in treatment is to find the truth, and CBT does that in a practical way, by asking the important questions that pertain to behavior, and known actions. Truth in counseling is about consistently seeking reality while striving for an agreed determined goal. “However, this includes the acknowledgment of things that are not always pleasant in the pursuit of one's goals in treatment.”⁴³

CBT also offers a longer-term solution for those receiving psychodynamic therapy, and this is based on a study conducted by the Yale University School of Medicine, which was a featured article in the *Clinical Psychology Review Journal*. “David F. Tolin proclaims that CBT outperforms other forms of psychotherapy, as patients receiving CBT show fewer symptoms post-treatment than patients receiving other psychodynamic therapy.”⁴⁴ “This is more so for patients suffering from anxiety and major depressive disorders.”⁴⁵

⁴¹ Ibid.

⁴² Ibid.

⁴³ Ibid.

⁴⁴ David Tolin. “Is cognitive-behavioral therapy more effective than other therapies? A meta-analytic review”. *Clinical psychology review*. 30 (2010): 710-720, accessed August 2, 2018, 10.1016/j.cpr.2010.05.003.

⁴⁵ Ibid.

Christian Cognitive Therapy

“Christian cognitive therapy attempts to alleviate the distortions that occur in the mind of a person who is having illogical thoughts, such as arbitrary inference, selective abstractions, overgeneralizations, magnification, personalization, and dichotomous thinking.”⁴⁶ One of the leading Christian cognitive therapists is Siang-Yang Tan, as he has incorporated aspects of cognitive behavioral therapy, and theology together. “According to Eric L. Johnson, and Todd Hardin, they both believe that Tan's therapy model is one of the greatest present-day accomplishments of Christian counseling.”⁴⁷ The reason being that cognitive behavioral therapy has provided effective treatment not only outside the church but also inside as well. “The compatibility of CBT with Christianity is easy to validate, and highly effective.”⁴⁸

“Christian CCT is based on many of the principles of cognitive behavioral therapy, as both are focused on a structured partnership between the therapist and client, which is based on a collaborative effort of achieving goals.”⁴⁹ CCT is different than CBT in the way it uses the client’s own Christian beliefs and practices. “CCT counselors seek to aid their clients, by helping them achieve a deeper understanding of their Christian worldview that will bring about changes in thoughts and behavior.”⁵⁰

CCT modifies a CBT tool in that it desires to help teach clients how to take every thought

⁴⁶ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011). 257

⁴⁷ Johnson, E., PhD., & Hardin, T., D.Min. “COUNSELING AND THERAPY FROM A CHRISTIAN PERSPECTIVE. *Journal of Psychology and Theology*, 42(4) (2014), 382-385. Accessed July 3, 2018. from <http://ezproxy.liberty.edu/login?url=https://search-proquest-com.ezproxy.liberty.edu/docview/1735314529?accountid=12085>

⁴⁸ Ibid.

⁴⁹ Michelle Pearce, *Cognitive Behavioral Therapy for Christians with Depression: A Practical Tool-Based Primer*. (West Conshohocken, Pennsylvania: Templeton Press, 2016). 15.

⁵⁰ Ibid., 15.

captive, and then hold it up to the light of theology. “The process of doing so can equip clients to replace negative and unwanted thoughts, by replacing them with the truth of Scripture.”⁵¹ The proper use of Scripture is extremely vital in formulating a proper approach to Christian CT.

"This is required to ensure that clients not only remove unbiblical beliefs but that they can adopt biblical principles in its place."⁵²

Christian cognitive counseling only works if the counselor is of high moral character, and practicing godliness. This is a key aspect, as with any integration model the counselor’s own appropriation of faith is vital. “Therefore, integration of psychological and theological experience of the counselor is foundational for integration to work.”⁵³ “The spiritual growth of the Christian cognitive therapist must be evident, as the Holy Spirit is crucial in helping the client embrace Christlikeness in place of their current model for living.”⁵⁴

Strengths and Weaknesses

The integration of theories can be problematic if the counselor incorporating them is not aware of the idiosyncrasies of each component. “Therefore, Loren Townsend proclaims that there are various components for integration.”⁵⁵ “The main difficulty of both science and theology originates in the complexities of epistemology, which seeks to discover what is truthful. Religion is based heavily on one's own experiences, as well as being steeped in tradition, while

⁵¹ Ibid., 16.

⁵² Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011). 275.

⁵³ Ibid., 282.

⁵⁴ Ibid., 315.

⁵⁵ Loren Townsend, *Introduction To Pastoral Counseling*. (Nashville, Tennessee: Abingdon Press, 2009). 75-101.

science is immersed in hypothesis, observation, and experimentation."⁵⁶ Townsend exclaims that the management of information between theology and science can occur through conflict, independence, dialogue, and integration. Therefore, by examining the correlation between theology and science pastoral counselors can better formulate how to properly integrate them in today's pluralistic society.

Theology is primarily comprised of understanding the sovereignty of God, within the context of human purpose and meaning; however, science is solely comprised of hypothesis and experiments that attempt to make impartial facts. "Psychology can often transform into theology when the science of empirical observation starts to offer instruction to human beings on how to form moral behavior,⁵⁷ however, theology ideally is comprised of the aspects of moral behavior at its foundation and the overall meaning of life; therefore, "existentialism helps define the distinction between religion and science by contrasting personal selfhood (which can be known only through subjective exploration) with impersonal objects (which can be known through scientific detachment)."⁵⁸

Strengths

When it comes to integration of theology and psychology it appears there must be the understanding that theology and psychology interpret the same creation. Thus, the three theories this researcher is seeking to integrate into one theoretical orientation are comprised of the integrationist perspective, cognitive behavioral therapy, and Christian cognitive therapy. Therefore, within these three theories, there is cohesion and areas where they all align in their beliefs. "Each of these theories focuses on examining thoughts and behaviors, as they evaluate

⁵⁶ Ibid.

⁵⁷ Ibid.

⁵⁸ Ibid., 82.

events and situations based on facts, and not what is perceived."⁵⁹

It is important to note that in reference to integrationist perspective and the theological side of integration is that the power of Scripture is found in its truthfulness. The incorporation of integrating the truth of how God views a person is the basis of human understanding and reasoning. It would then appear that God does not view humankind as worthless, or without hope, but instead views mankind as being created in His own image (the *imago Dei*). God provided the world His Word for one significant purpose, which is to ensure that people have the resources for spiritual maturity. The Holy Spirit coupled with Scripture affords mankind a means to correct and rebuke when needed. Part of the rearing by the Holy Spirit is to enable those in Christ to discover and find His will for their lives. For the lost soul He convicts of sin, which can lead to salvation and hope beyond their lives on earth. The foundation of the integrationist perspective that is based in the Word of God opens the door for human reasoning and understanding to explore the behavioral side of human beings.

Cognitive behavioral therapy is able to delve beneath the surface of the superficial and reach beyond feelings of perceptions to what is factually real. "Truth is about being consistent with reality while reaching for the goals of change. The strength of CBT is found in its practicality, as it is based in a logical and common-sense approach to thinking."⁶⁰

Christian cognitive therapy is the perfect mix of integrationist perspective and cognitive behavioral therapy, as it incorporates the biblical foundational basis of spiritual truth, with the psychotherapy of cognitive behavioral therapy. "CCT also believes in renewing one's mind with positive life-giving truths found in mind-renewing behavior, such as memorizing Scripture and

⁵⁹ A. Joseph. "Cognitive behavior therapy: your route out of perfectionism, self-sabotage and other everyday habits with CBT," (2016): Accessed July 29, 2018, <https://ebookcentral-proquest-com.ezproxy.liberty.edu>

⁶⁰ Ibid.

meditative prayer practices.”⁶¹

The strength of mixing all three of these theories is found in its marriage of understanding the totality of a human being and realizing they are made up of both mind and spirit. One can then better understand “Freud's view of human nature, in which human actions and behaviors are a by-product of the mind's subconscious thoughts, as these unconscious thoughts are referred to as instinctual drive, which is often expressed in the human two major types: life instincts (*libido*), and death instincts (*Thanatos*).”⁶² “Therefore, these sexual and aggressive drives, which are known as life and death instincts, are the essential instincts that are the source of motivation behind all human behavior, according to Freud.”⁶³ Taking this theory and expanding upon his personality structure will further offer insight into the human psyche.

Integrating Freud’s understanding of the human condition and introspection, with that of the biblical perspective of human nature can be a highly effective theoretical orientation for the Christian counselor, in dealing with an at-risk veteran. “Whether or not a therapist views the human condition as being dualistic, in consisting of mind and soul, or the nonreductive physicalism view of human nature, which assumes that a human being is synonymous with their physical body (including their mind), it is still essential to have a biblical perspective of human nature.”⁶⁴ Combing the theories of psychotherapy and theology into an integrated version of cognitive behavioral therapy, in the form of Christian cognitive therapy, which will result in the most realistic choice for counseling to the totality of a human being (mind and spirit).

⁶¹ Michelle Pearce, *Cognitive Behavioral Therapy for Christians with Depression: A Practical Tool-Based Primer*. (West Conshohocken, Pennsylvania: Templeton Press, 2016). 16.

⁶² Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011), 46.

⁶³ *Ibid.*, 12.

⁶⁴ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011). 325.

Weaknesses

The weaknesses of this particular integration can be found in the opposing natures of theology and psychotherapy in general. The fact remains is there are vast differences in some areas despite the many similarities of cohesion. First, is the science of psychotherapy, as often science can be left up to the interpretation of the counselor, and in many cases, if the counselor is not grounded in the Word of God they can lean too heavily on basic knowledge of science over the Bible. This can be problematic in some areas, such as the Bible's view of sin.

A conflict can arise in the integration and approach, as stated in some areas certain sciences and theologies are not very compatible. "Sometimes science and religion are implying opposing beliefs in the forms of scientific realism and biblical literalism."⁶⁵ "The problem with just using scientific materialism is that it can rely too heavily on the tenants of the human experience, which often leaves it in direct conflict with theology."⁶⁶ This conflict if not reasoned with could make integration of theology and cognitive therapy impossible; therefore, it is essential that the counselor understand how the two fields of study correlate, and how they can be used to benefit treating the mind and spirit of the at-risk veteran client.

Specific Techniques of Therapy

There are several specific techniques for this theoretical orientation. First, is to identify the basic psychological and spiritual needs of the client. The reality is that everyone needs security (love), significance (meaning), and hope (forgiveness), and by identifying which category the client falls into. Thus, the sooner the counselor can begin a treatment strategy for the at-risk veteran. "Second, the basic issue when dealing with many emotional problems is the

⁶⁵ Loren Townsend, *Introduction To Pastoral Counseling*. (Nashville, Tennessee: Abingdon Press, 2009). 75-101.

⁶⁶ Ibid.

problem of sin, but not all emotional suffering is a result of personal sin, as it could be the sin of someone else or other factors."⁶⁷

The heart of most psychological and emotional problems is the result of believing one can handle life on their own terms, while separated from God. Sometimes emotional pain can be the result of this fallen world, and sin may not be the direct cause. God may be in the process of sanctifying a believer, and part of that process could be pain in order for them to become more Christ-like; therefore, it will take discernment and reliance upon the Holy Spirit to decipher this in counseling others. More cases than not there will be a sin issue, and being able to pinpoint it, while providing the right verses and behavioral changes that the client can implement will be a big part of the specific strategy for this orientation to properly work.

Third, it is important to convey to the at-risk veteran that God's ultimate goal for humanity is that they may know Him and experience spiritual health. The ultimate goal for anyone in life is to know God and to seek to do His will. Spiritual health is not possible without this pursuit of maturing in Christ. Many people feel lost, helpless, isolated, and afraid because they are dealing with a spiritual health crisis. Until a person understands the meaning of life they will suffer aimlessly wandering through life seeking one quick fix after another. "What this specific technique addresses are to identify that the spiritual counselor's goal is to not help people feel normal, but rather to help people love God with all their heart, and mind."⁶⁸

"Fourth, problematic feelings can be traced back to problematic behavior, and more specifically to problematic thinking. However, biological, and demonic influences should be also

⁶⁷ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011). 326.

⁶⁸ *Ibid.*, 328.

considered.”⁶⁹ “The root of most emotional problems is sourced in an erroneous thinking. The root of non-organically caused mental and emotional problems are unbiblical assumptions and beliefs.”⁷⁰ This is where the implementation of Christian Cognitive Therapy and Cognitive Behavioral Therapy will help the counselor immensely. The incorporation of cognitive behavioral therapy will help identify problematic thinking and behavior and allow for the implementation of a change in thinking and behavior to occur in the client, by invoking a change strategy. “When there is spiritual warfare involved cognitive behavioral strategies would still be useful, as from a biblical perspective counseling and psychotherapy inevitably are both dealing with good and evil, and this includes demonic influences.”⁷¹

“Fifth, understanding that people are holistic in nature, by having physical, mental, emotional, social, and spiritual dimensions.”⁷² Depression and anxiety need to be viewed in the context of all areas of the client's life, and a biblical restructuring model must be holistic while covering all aspects. The plan should incorporate everything from church, finances, exercise, marriage, sex, to social activities with friends. Integrating these five specific techniques into therapy can provide a client with a holistic approach to treatment that can be highly effective in helping to change the thoughts and behavior of at-risk veterans suffering from thoughts of suicide. The next section will provide the results from the Military Suicide Measure Survey that was conducted.

⁶⁹ Ibid., 242.

⁷⁰ Larry Crabb. *Effective Biblical Counseling: A Model for Helping Caring Christians Become Capable Counselors*. (Grand Rapids, Michigan: Zondervan, 2013).

⁷¹ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011). 329.

⁷² Ibid., 329.

Chapter 3: Findings

Military Attitudes on Suicide

This chapter will offer the results of the research gathered from the surveys that were given. The applied research that was conducted sought out United States military veterans, and active duty members that have served, or currently serving in any branch of the armed forces, which are current members of Encouragement and Hope Ministries. A survey was given to this group of military veterans and active duty personnel that have been helped, or seeking help for thoughts of suicide, through the aid of Spiritual Care Counseling. The results of the applied research will help to better counsel at-risk veterans, in helping them to deal with PTSD, or thoughts of suicide.

The survey focused on veterans and military personnel's attitudes towards suicide. The first question in the survey was concerning the legacy of those veterans that have committed suicide. Thus, 72% of those surveyed agree that the names of those who commit suicide should be removed from military memorials.

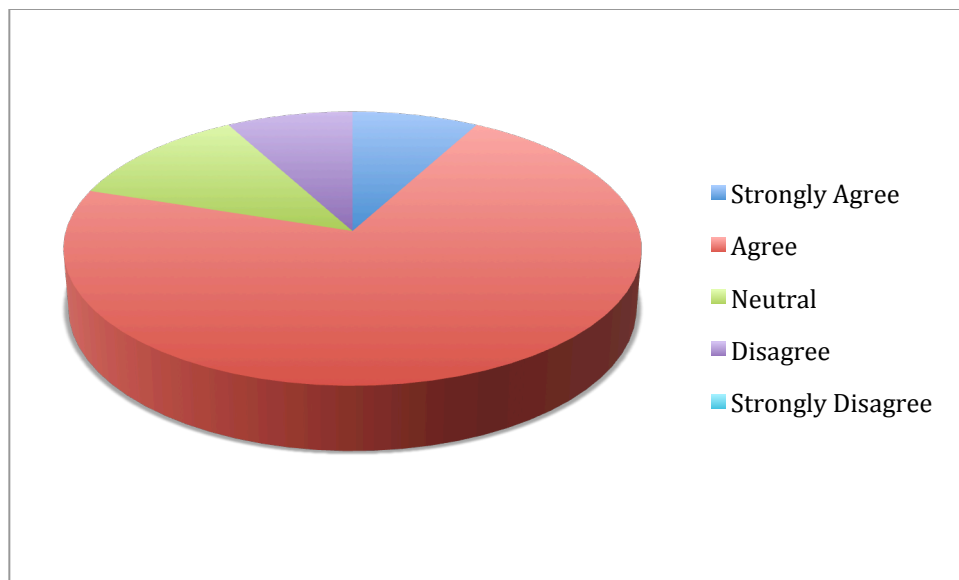


Figure 1. The names of those who commit suicide should be removed from military memorials.

Despite the strong response from those surveyed not wanting those who commit suicide to be memorialized; however, there was a large percentage that believes it is part of one's military duty to help those that are struggling with suicidal thoughts. 65% of those surveyed believe the military has an obligation to help those who are struggling with suicidal thoughts.

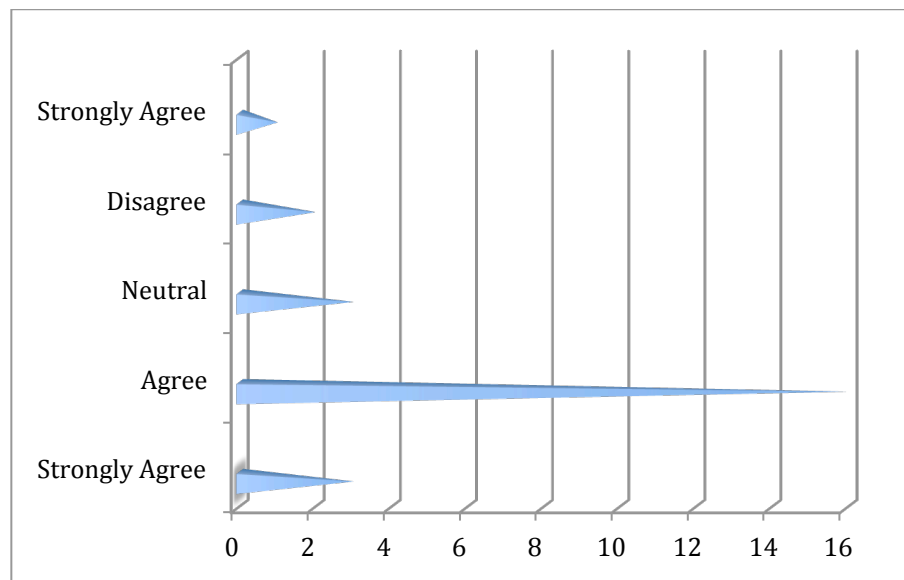


Figure 2. Military duty requires us to help those who are struggling with suicidal thoughts.

The statement on the survey that best gives insight into the psyche of a veteran, or an active military person on the topic of suicide can be identified in the belief that suicide is the act of a coward. This also demonstrates why many suffering from suicidal thoughts refuse to seek help, for fear of being deemed a coward for having suicidal thoughts, to begin with. The survey revealed that 21 out of 25 veterans surveyed strongly agree that only cowards commit suicide.

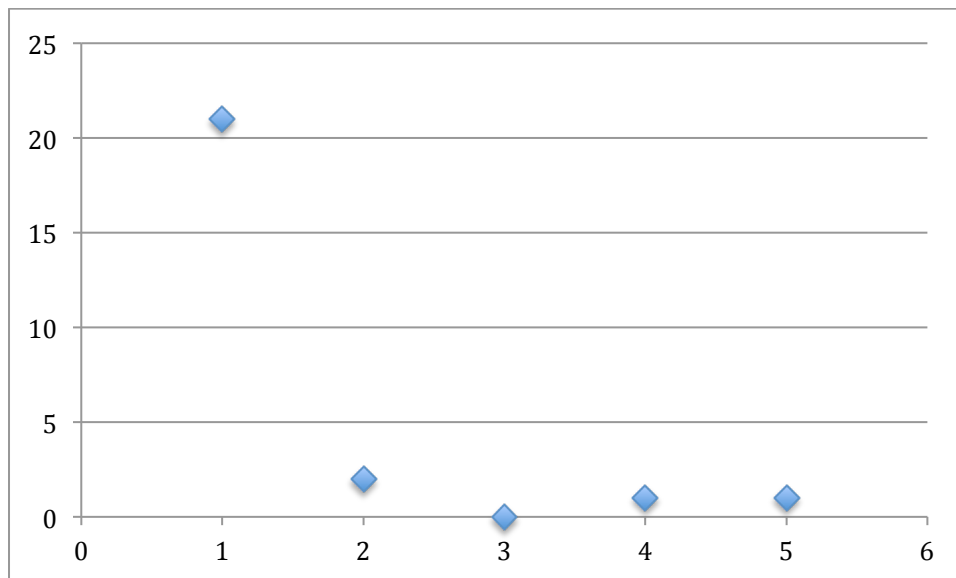


Figure 3. Only cowards commit suicide.

The data collected from the next survey question goes deeper into understanding why many at-risk service men and women are likely to not seek out help, as 76% of those surveyed stated they would not trust someone who has made a suicide attempt to make ethical decisions.

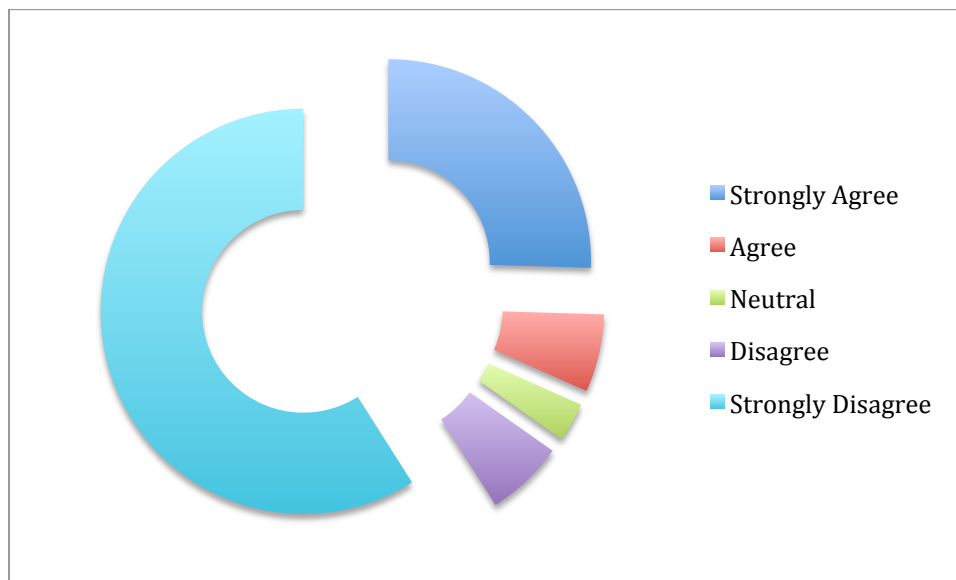


Figure 4. I would trust a service member who has made a suicide attempt to make ethical decisions.

Many veterans and current service members also struggle with their moral values when it comes to handling suicidal thoughts and tendencies. A vast majority of those surveyed expressed that choosing suicide is morally wrong. This is evidenced by the inner turmoil many veterans go through in trying to balance what they feel is morally right, with what they are currently feeling and experiencing. 17 out of 25 agree that choosing suicide is morally wrong.

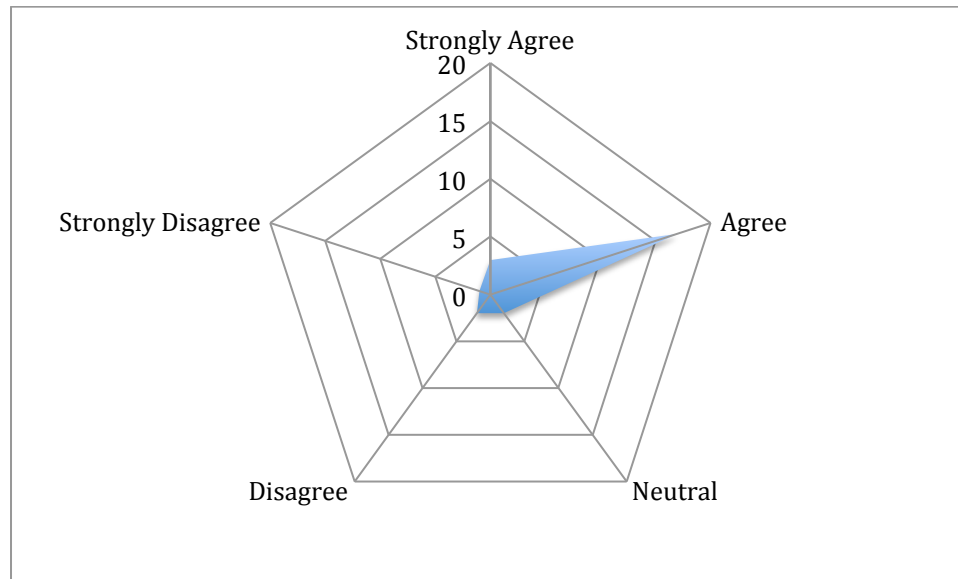


Figure 5. Choosing suicide is morally wrong.

To further explain the mindset surrounding veterans and current military member's thoughts of those that are at risk of suicide can be found in their view on empathy for those who attempt suicide. Most veterans surveyed disagree that a service member or veteran who attempts suicide deserves understanding and empathy.

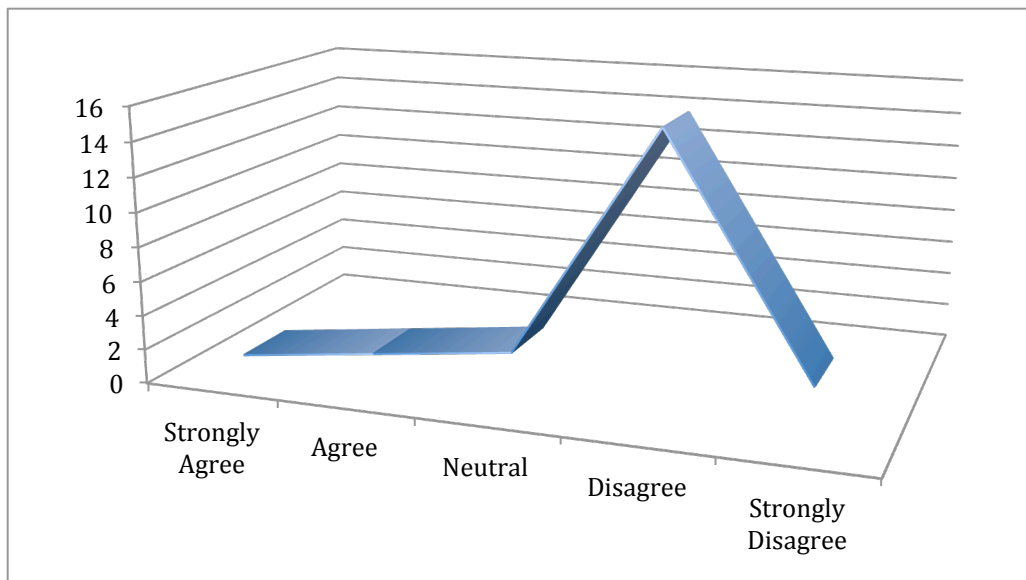


Figure 6. A service member or veteran who attempts suicide deserves understanding and empathy.

The study also revealed that 72% of veterans and active duty service members that were surveyed believe that unit support could help to prevent suicides in the future. The survey appears to show that there is a lack of unit support when it comes to helping prevent suicides among those that are suffering with thoughts of suicide. This can result in one feeling isolated and alone in their pain. “A trusting relationship is considered vital for effective suicide risk screening and assessment in veterans and active duty members.”¹ This would also appear to be an area where a unit chaplain, or VA chaplain could make a supporting difference in an at-risk person’s life. “Military chaplains frequently serve as the first-line of mental health support for active duty personnel. Following separation from military service, some veterans might continue to look to pastoral care providers for mental health support.”² Thus, it would appear that spiritual care could serve in a greater role for those veterans and active duty members that are struggling with thoughts of suicide.

¹ Marek S. Kopacz & Michael J. Pollitt, “Delivering Chaplaincy Services to Veterans at Increased Risk of Suicide”, *Journal of Health Care Chaplaincy*, 21:1, 1-13, (2015): DOI: [10.1080/08854726.2014.967525](https://doi.org/10.1080/08854726.2014.967525)

² Ibid.

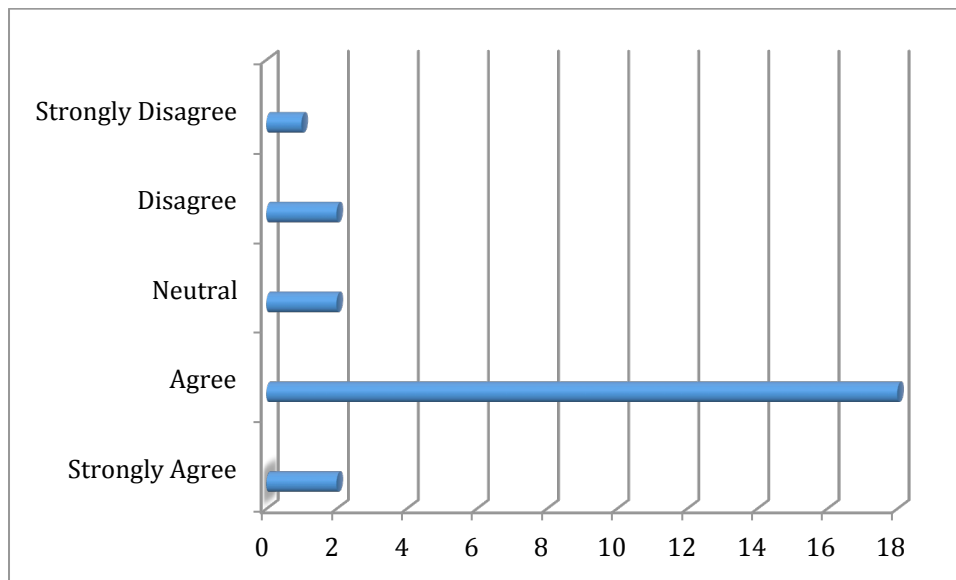


Figure 7. Unit support can help prevent suicide.

A big factor for many in the military to come forward is the fear of appearing weak to others, and especially for those in leadership positions. Thus, many that were questioned for the study stated they would not respect a leader if they knew he/she had expressed suicidal thoughts.

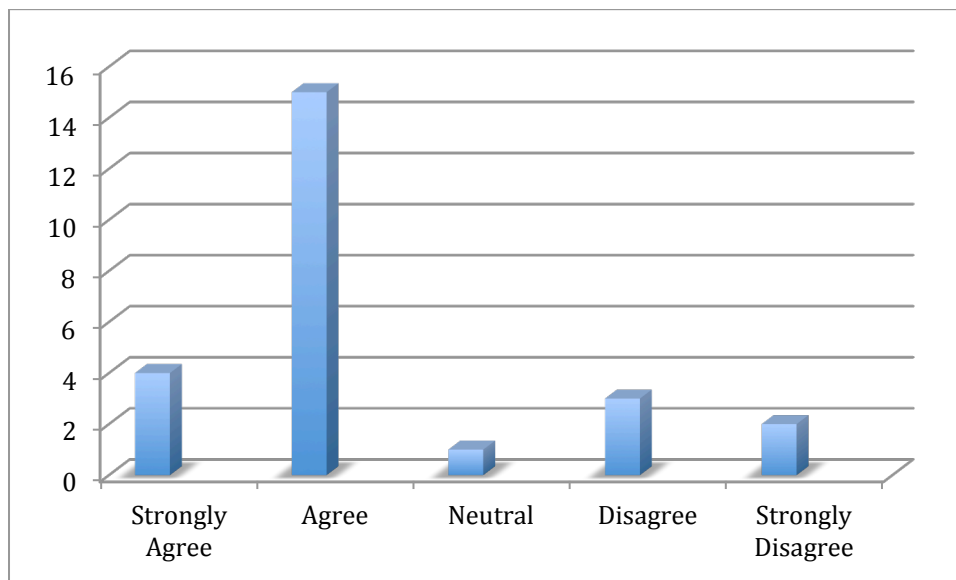


Figure 8. I wouldn't respect my leader if I knew he/she had expressed suicidal thoughts.

Coupled with the previous information on losing respect for those who attempt suicide there was a vast majority consensus, which suggests that those that attempt suicide were not strong enough for the military.

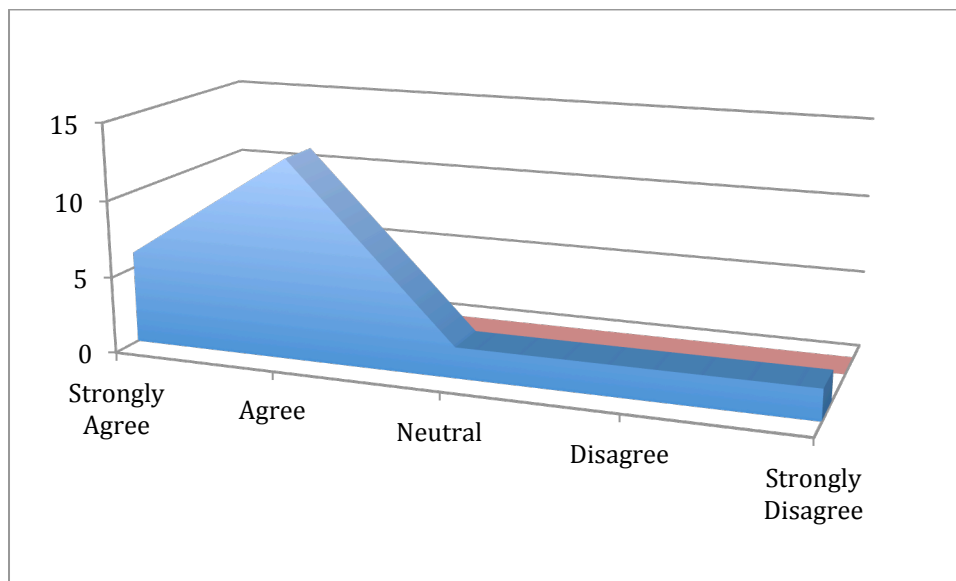


Figure 9. Suicidal individuals are not strong enough for the military to begin with.

The research went into exploring how one's religious beliefs factor into their view on suicide. Thus, identifying that there is an opportunity to incorporate spiritual care into the process of preventing suicide for veterans, and active duty members. 19 out of 25 either agree or strongly agree that suicide is not acceptable to my religious beliefs (1: Strongly Agree, 2: Agree, 3: Neutral, 4: Disagree, 5: Strongly Disagree).

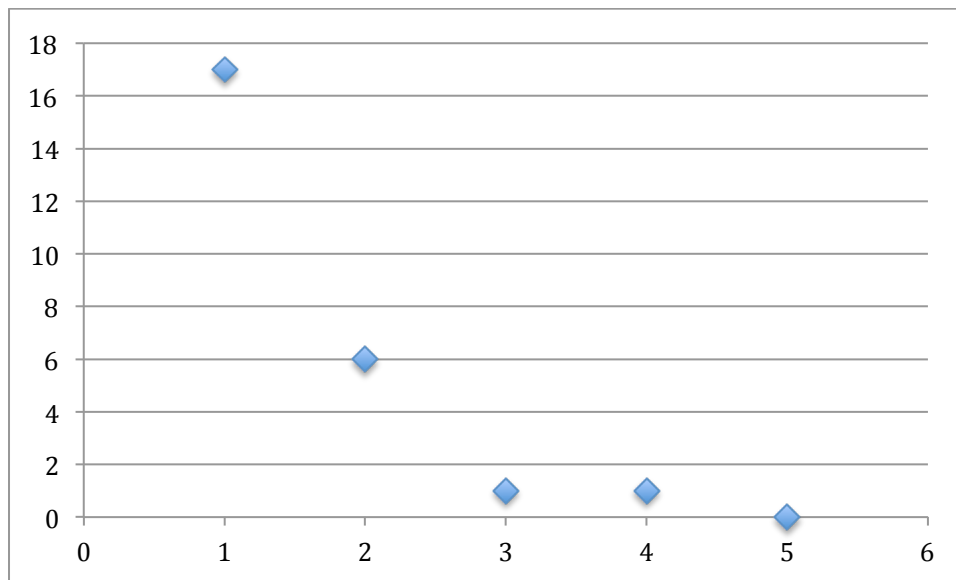


Figure 10. Suicide is not acceptable to my religious beliefs.

84% of veterans and active duty members stated that they would not want to be in a unit with a person who has a history of suicidal thoughts or attempts. This further expounds upon the complexity of an at-risk military veteran, or active duty member, as they may feel suicide is wrong, but may also fear that being honest with a medical staff member about their suicidal thoughts. Thus, why chaplains and spiritual care providers are becoming increasingly the person that an at-risk veteran will go to about what they are experiencing.

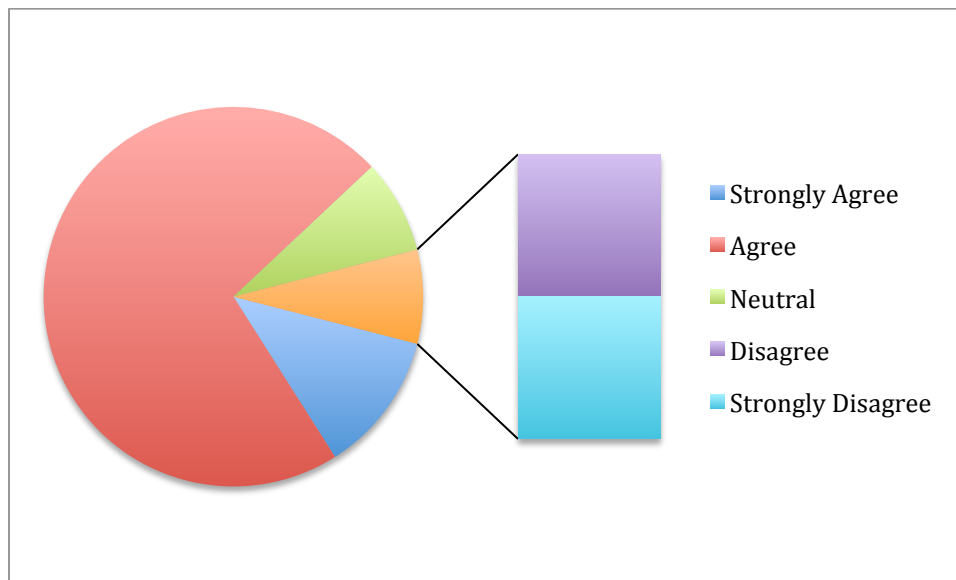


Figure 11. I don't want to be in a unit with someone who has a history of a suicide attempt or suicidal thoughts.

The research offered insight into why many veterans don't respect those who commit, or attempt suicide, as they believe it is a selfish act that does not consider the effect it will have on one's unit. 72% of those surveyed either strongly agree, or agree that those who commit suicide don't think about how it will affect their unit. Thus, it would appear that many veterans and active duty members feel that a person that commits suicide is disloyal to their unit. This can leave many that do have thoughts of suicide to suffer with guilt and shame over the way they feel, and further cause them to sink deeper into isolation; therefore for an at-risk veteran or active duty member a chaplain can become a spiritual lifeline by helping them reconnect with their spirituality. "Oftentimes being able to call upon God for relief or understanding increases one's personal sense of spirituality and one's sense of peace in the midst of difficult situations."³

³ Mark S. Kopacz, "Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk," *Journal Of Journal of religion and health* 54, no. 3 (September 2013): 759, accessed March 02,2017, <http://dx.doi.org/10.1007/s10943-013-9693-2>

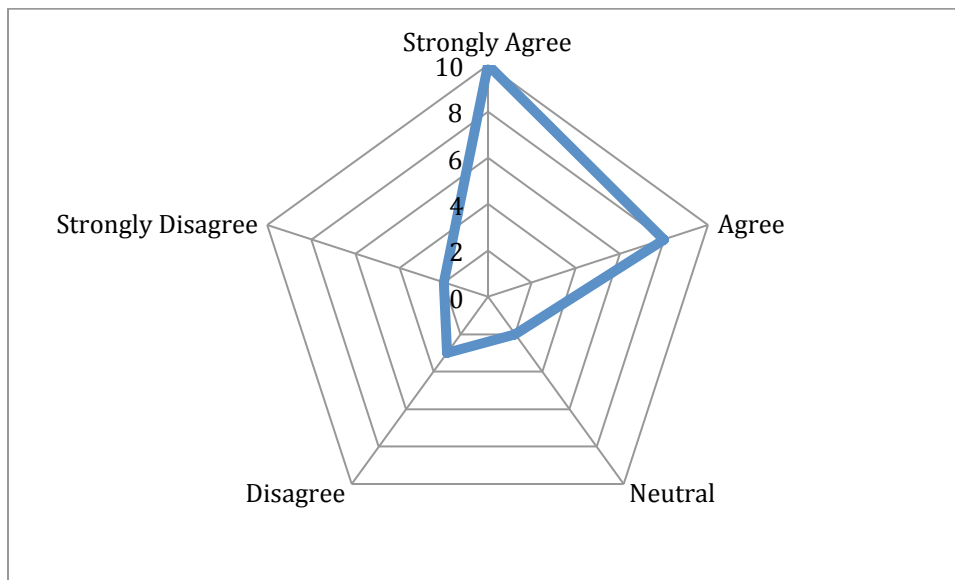


Figure 12. Those who commit suicide don't think about how it will affect their unit.

Coupled with the previous information that those who commit suicide do not consider their units, as this can bring out the lack of respect a current service member, or veteran can have towards those that wish to kill themselves. 80% don't have respect for those who wish to kill themselves.

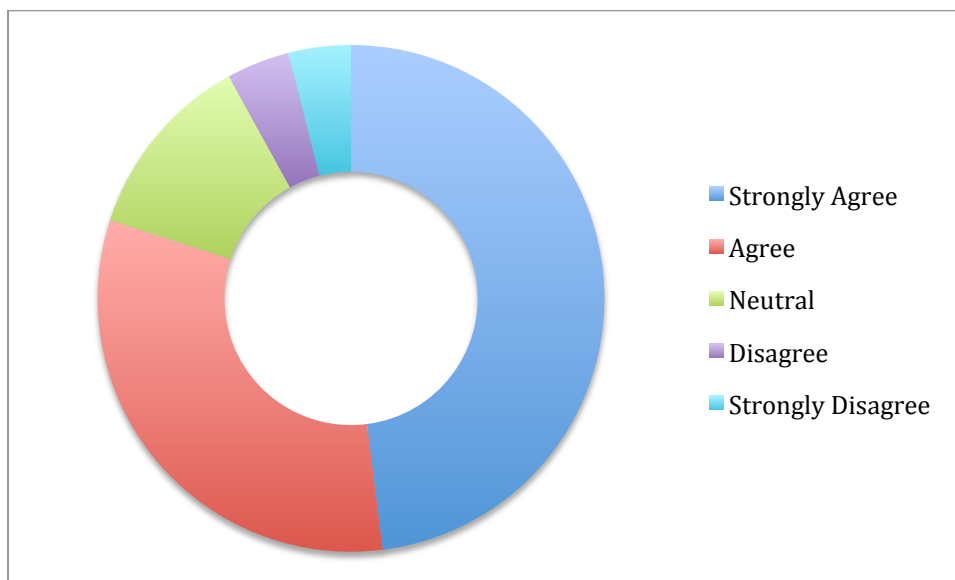


Figure 13. I don't have any respect for those who wish to kill themselves.

The survey provided the insight that a majority of veterans and active duty personnel surveyed do not believe those who attempt suicide should be eligible for a promotion, or a leadership position. This can cause

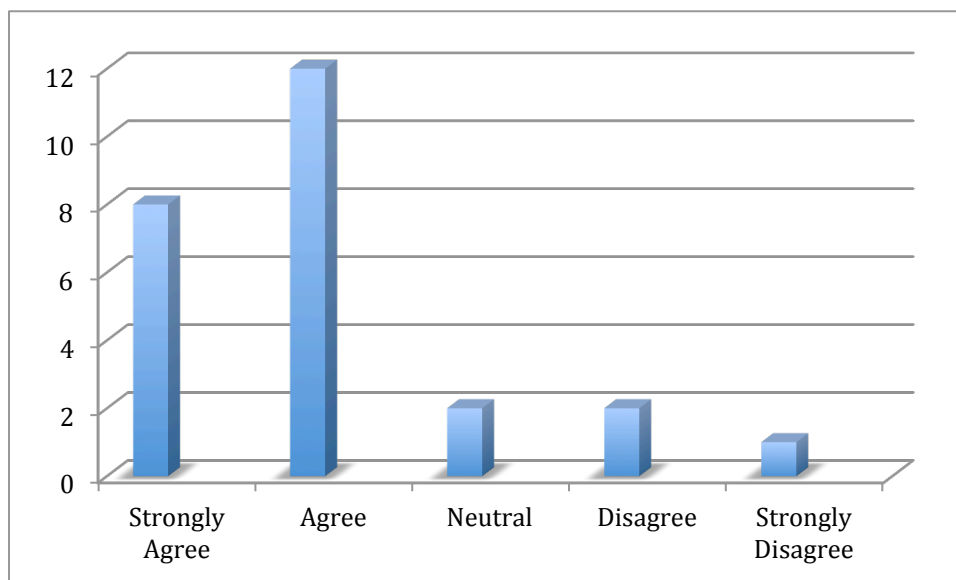


Figure 14. People who attempt suicide shouldn't be eligible for promotion or leadership billets.

A major factor that can also allude to at-risk veterans not being open about their thoughts and struggles with suicide can be found in the perception others may have of someone that is suicidal. 84% of those surveyed would feel uncomfortable if they learned someone they were working with was suicidal. This would appear to make it extremely problematic for a person in the military to feel safe enough to open up to someone else about their suicidal thought.

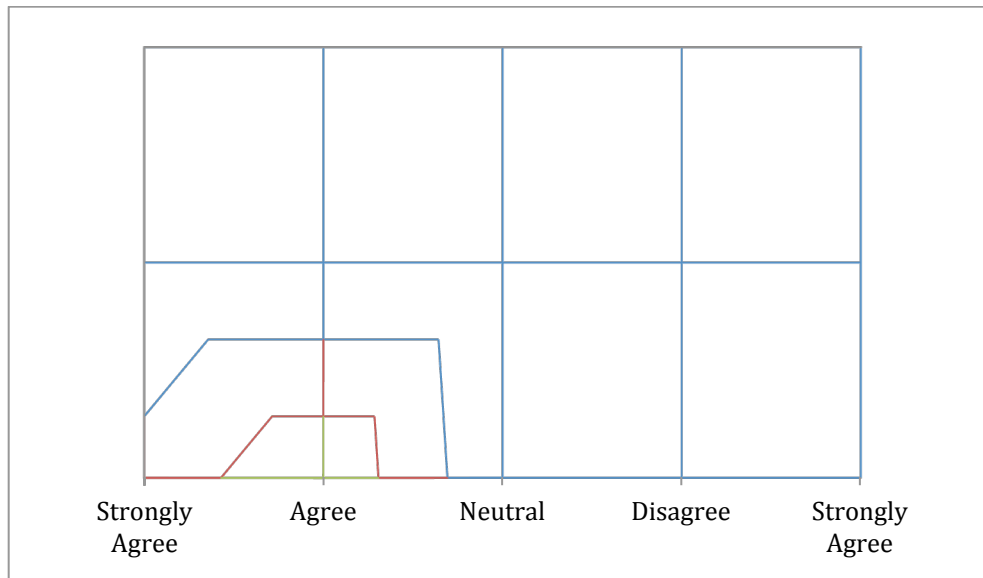


Figure 15. I would be uncomfortable working with someone that was suicidal.

Military Stigma Measure

The next section of the survey and research will cover the measuring of the military stigma towards receiving help for suicidal thoughts; therefore concerning how one's self-confidence would be affected if they received help from a mental health care provider. 80% of those surveyed either agree or definitely agree that their self-confidence would be harmed if they were to receive help from a mental health care provider. This stigma would appear to be a challenging dynamic for veterans and active duty members that are battling thoughts of suicide, in reaching out to a mental health care provider. This appears to be an area where a chaplain, or spiritual care counselor might be better equipped to provide help in this type of situation, as anything said to a chaplain would not go on one's permanent record. "You can give people an awful lot of peace of mind just when they are able to talk to, basically, a representative of God

about how they are feeling and how terrible they're feeling and how suicide – ending it all – is one of their thoughts.”⁴

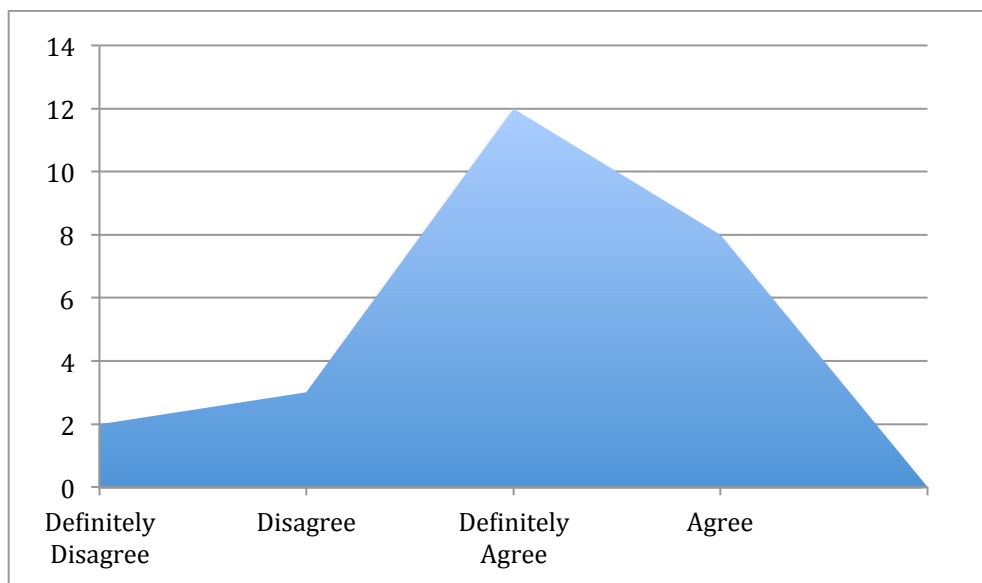


Figure 16. My self-confidence would be harmed if they were to receive help from a mental health care provider.

This portion of the survey delves deeper into the psyche of fear a lot of veterans and active duty members feel towards seeking help from their mental health provider. Thus, 21 out of 25 of those surveyed believed they would lose some form of responsibility if the chain of command knew they were receiving mental health care. This would appear to be very problematic for a active duty member to seek help for thoughts of suicide out of fear of losing their position and status. This is why chaplains and other spiritual car counselors could be a viable option to help those suffering from thoughts of suicide. “Ultimately, chaplains offer a

⁴ Mark S. Kopacz, “Providing Pastoral Care Services in a Clinical Setting to Veterans At-Risk,” *Journal Of Religion and Health* 54, no. 3 (September 2013): 759, accessed March 02, 2017, <http://dx.doi.org/10.1007/s10943-013-9693-2>

degree and type of support not normally encountered among formal mental healthcare professionals.”⁵

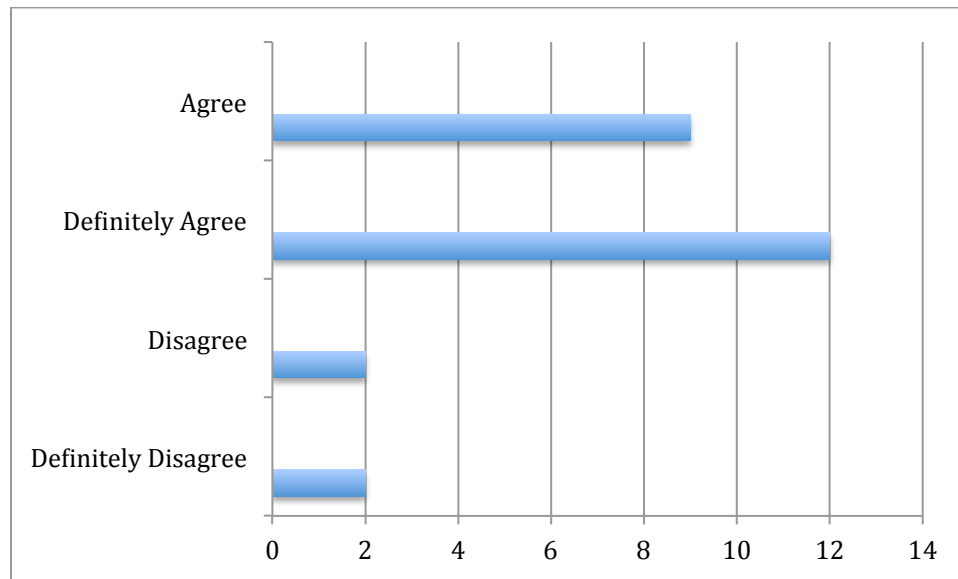


Figure 17. I would be given less responsibility, if chain of command knew I was seeing a mental health provider.

The number one reason given from the research gathered from the survey was contributed to the fact most at-risk veterans are nervous about seeking help, for fear it will go on their permanent military records. This is why chaplains, spiritual clergy, and Christian counselors are becoming more relied upon by at-risk veterans, and a reason that their needs to be better communication between mental and spiritual health care providers. 92% of those surveyed worry about their personal problems being part of their military records.

⁵ Marek S. Kopacz & Michael J. Pollitt, “Delivering Chaplaincy Services to Veterans at Increased Risk of Suicide”, *Journal of Health Care Chaplaincy*, 21:1, 1-13, (2015): DOI: [10.1080/08854726.2014.967525](https://doi.org/10.1080/08854726.2014.967525)

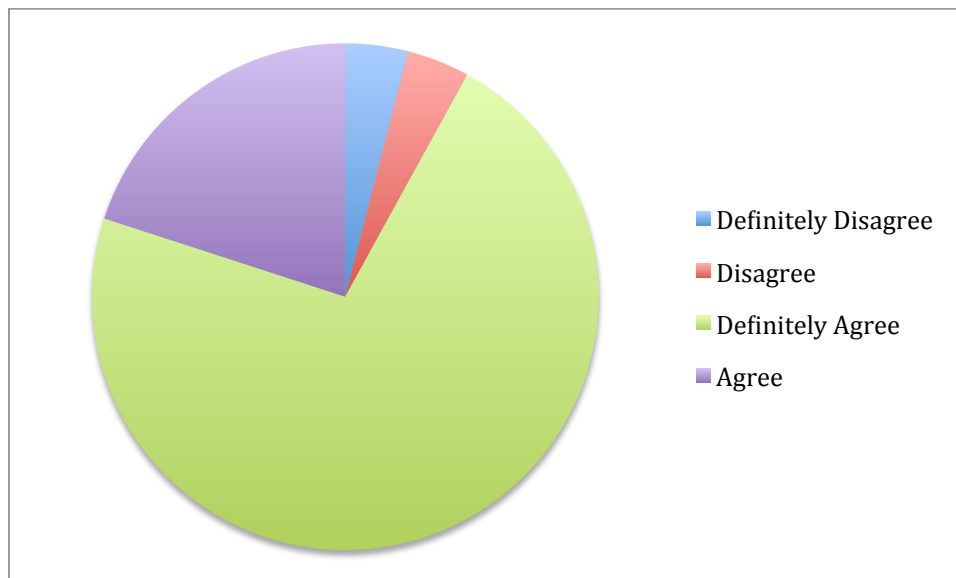


Figure 18. I would worry about my personal problems being part of my military records.

There is a large stigma revealed surrounding those that have sought help for suicidal thoughts, or that are currently seeking help, with the perception of how others would view them if they knew they were seeking help. 72% of veterans surveyed stated they believed people they respect would judge them if they knew they had a mental health problem.

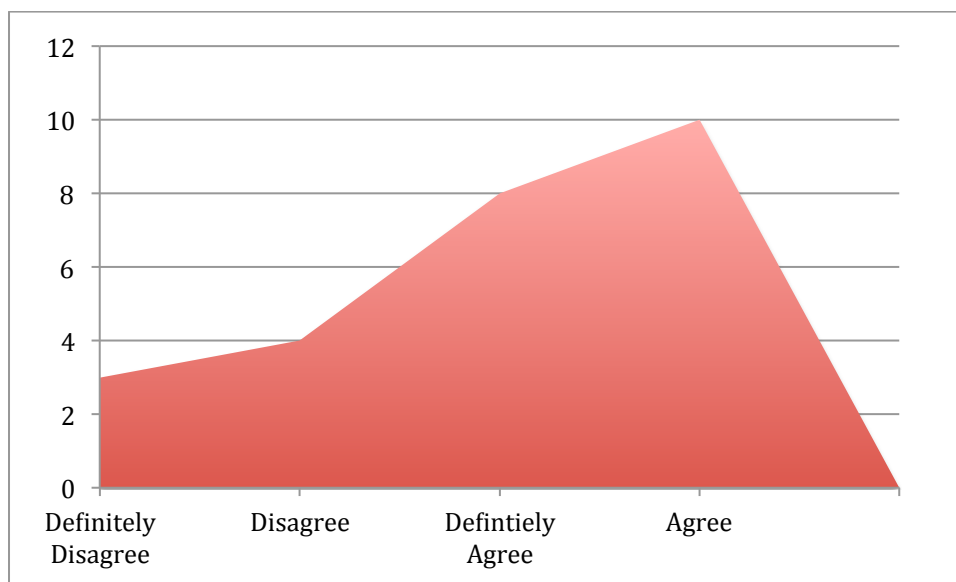


Figure 19. People I respect would judge me poorly if they knew that I had mental health problems.

The perception of many at-risk veterans is that if they seek professional help their view of themselves would change if they do so. This entails part of the inner turmoil that many at-risk veterans suffer through when contemplating seeking help for thoughts of suicide. Thus, 18 out of 25 believed their view of themselves would change if they made the choice to see a therapist.

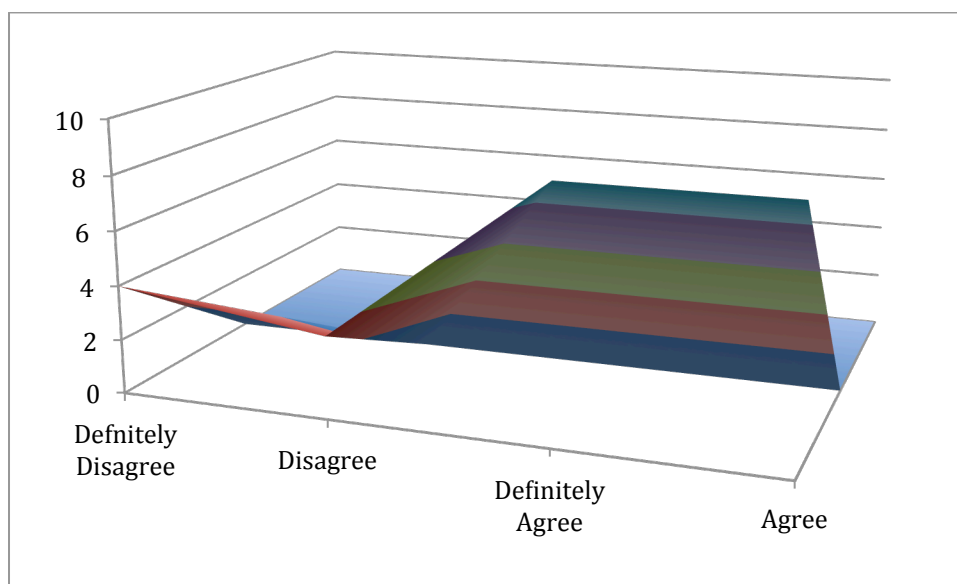


Figure 20. My view of myself would change if I made the choice to see a therapist.

One major hang up an at-risk person deals within a military setting is the fear that any chance of promotion would be derailed if they were to pursue any type of mental health services; therefore, 68% of veterans and active duty members believe that their chance of promotion could be harmed if they sought out mental health services.

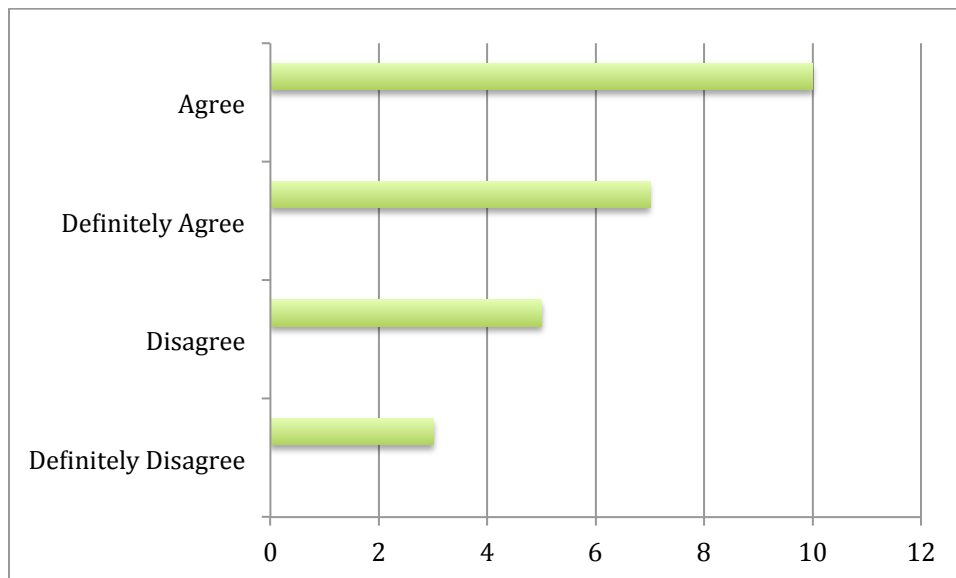


Figure 21. My chances of promotion would be harmed if I sought mental health services.

There is a pride factor involved in many people that have served or currently serving in the military concerning their ability to solve their own mental health issues. There is a level of wanting to feel self-sufficient, and adequate in one's own ability to be mentally tough, which often doesn't lend itself in allowing one to seek mental help on difficult matters. Thus, 84% of veterans and active duty service members surveyed believe that they would actually feel worse to seek mental health care help, and not be able to solve their own issues.

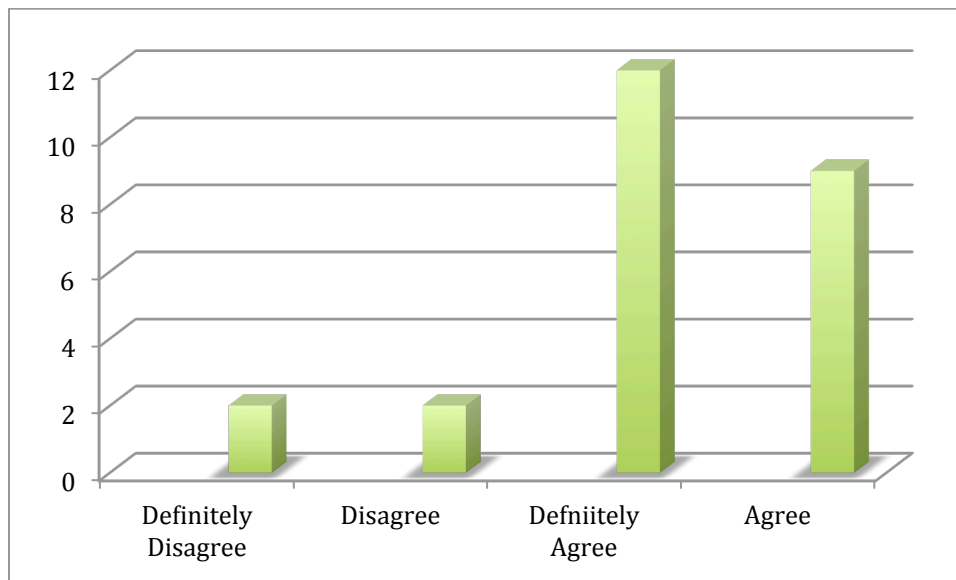


Figure 22. I would feel worse about myself if I could not solve my own problems.

Going along with the previous information that most at-risk veterans and service members would feel worse if they could not solve their own problems. Many also stated that they would feel inadequate if they went to a therapist for psychological help.

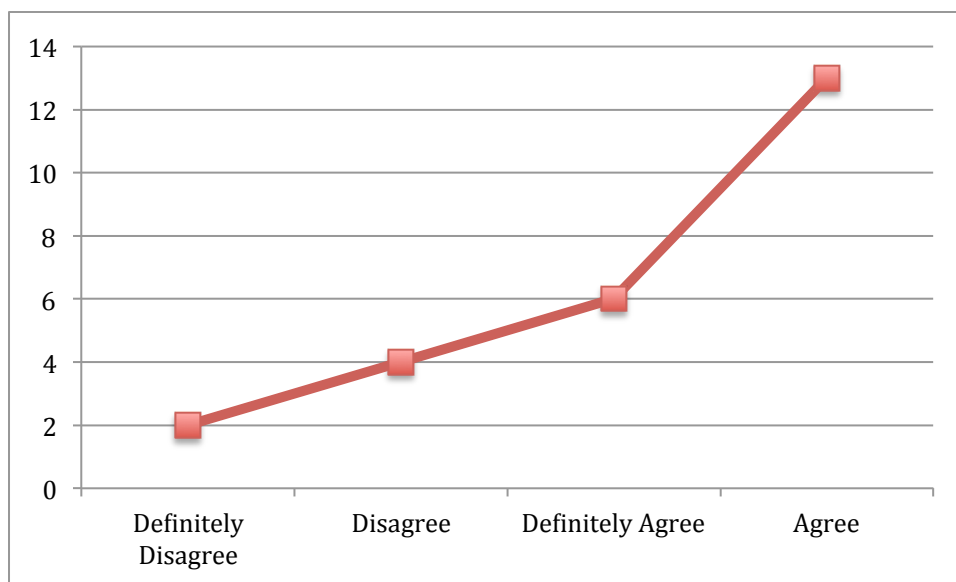


Figure 23. I would feel inadequate if they went to a therapist for psychological help.

The survey discovered that a vast majority of veterans and active duty personnel would feel mentally inadequate, as 80% of veterans surveyed stated seeking psychological help would make them feel less intelligent.

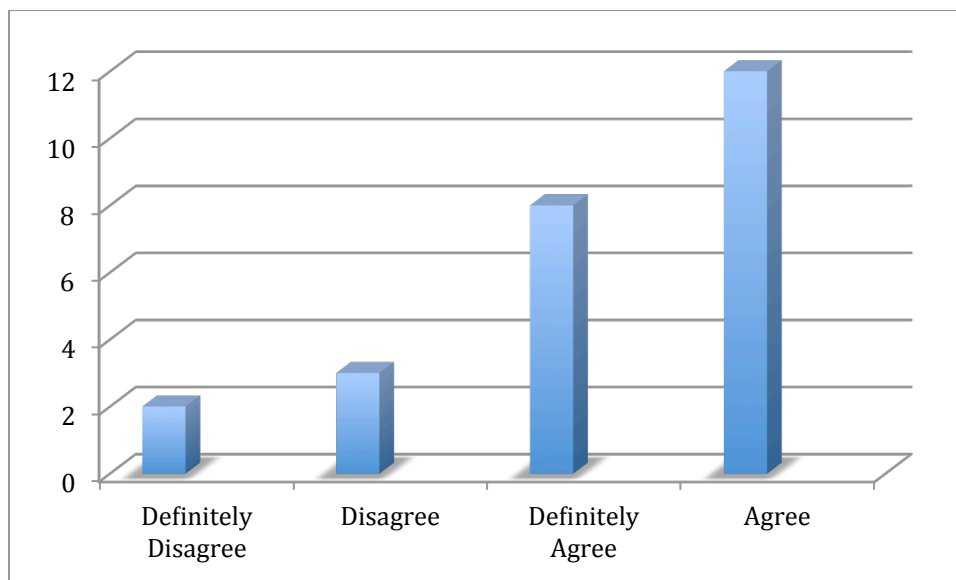


Figure 24. Seeking psychological help would make them feel less intelligent.

Many veterans and active duty members surveyed also believe that if their subordinates would lose respect for them if they found out they were seeking psychological help, and having and earning respect is a major part of the military culture.

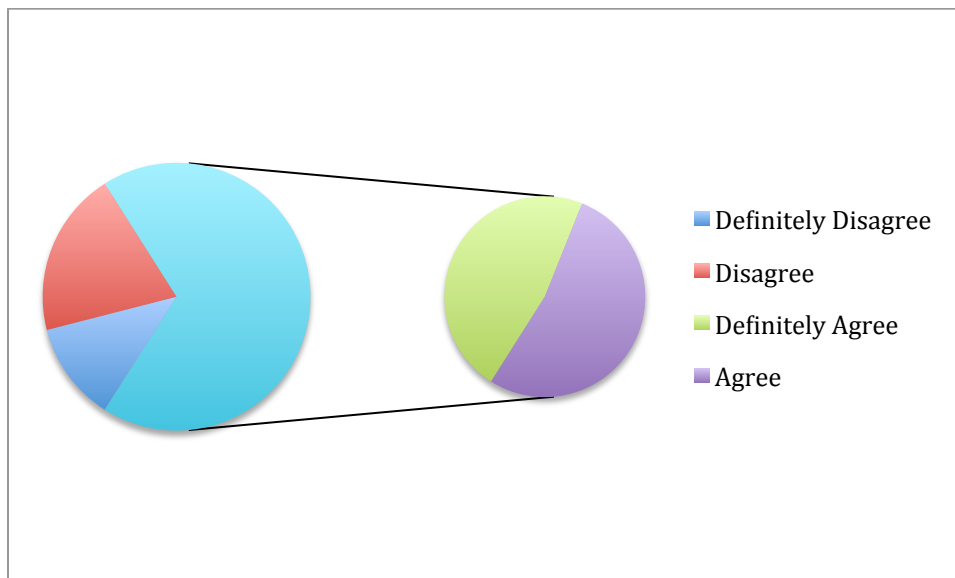


Figure 25. I'd lose respect from my subordinates if they found out I was receiving mental health care

Veterans that are dealing with, or that have dealt with suicidal thoughts in the past often have a difficult time discussing it with others. Thus, most veterans surveyed believe that there are things they are afraid to talk about because of what others may think.

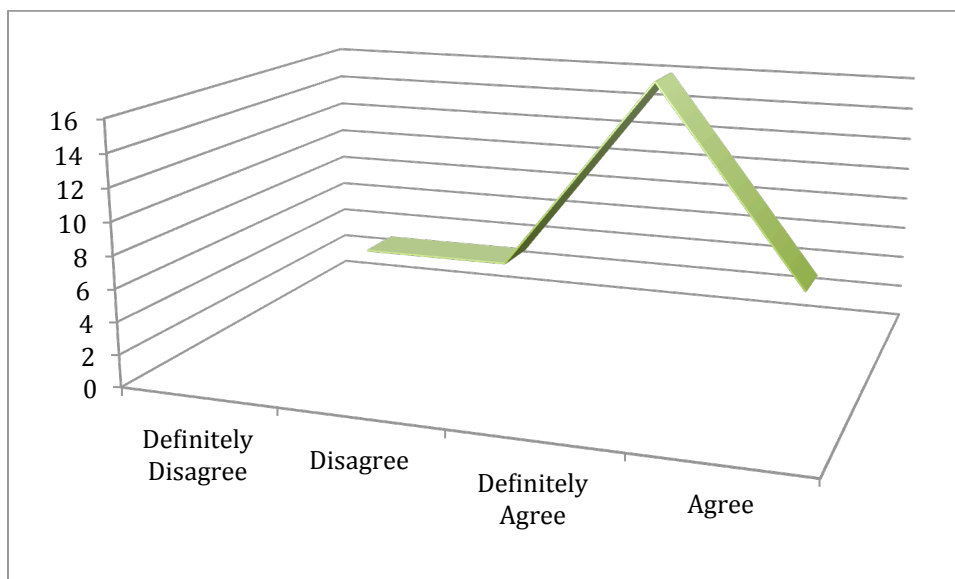


Figure 26. There are things I am afraid to talk about because of what others will think.

The survey delved further into the psyche of a military veteran and active duty member, as most polled view a person that seeks mental health treatment as weak.

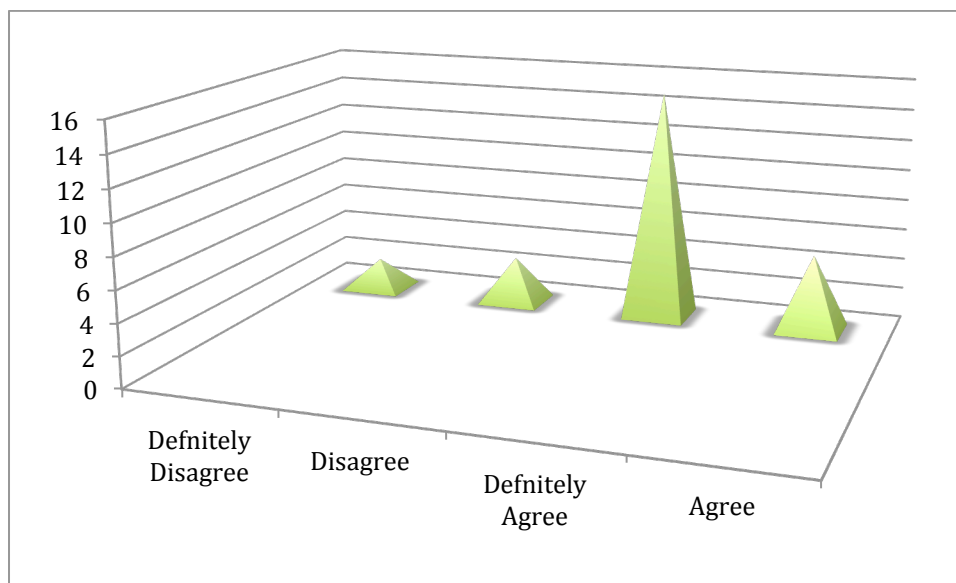


Figure 27. A person seeking mental health treatment is seen as weak.

Veterans and active duty members surveyed were asked if their self-confidence would not be threatened if they sought professional help, and 72% of veterans and active duty members surveyed disagree that their self-confidence would not be threatened if they sought professional help.

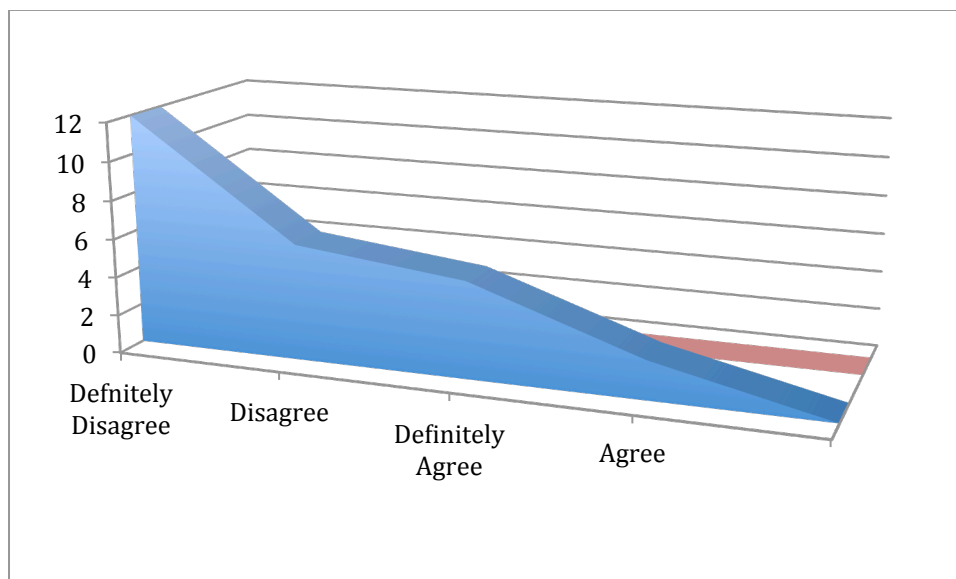


Figure 28. My self-confidence would NOT be threatened if I sought professional help.

It would appear that one's self esteem is a vital part of them being able to perform at a high level in a military setting, and to many that were surveyed believed that there could be a risk of their self-esteem being damaged if they spoke with a therapist. 19 out of 25 veterans and active duty members either definitely disagree, or disagree that their self-esteem would increase if they talked to a therapist.

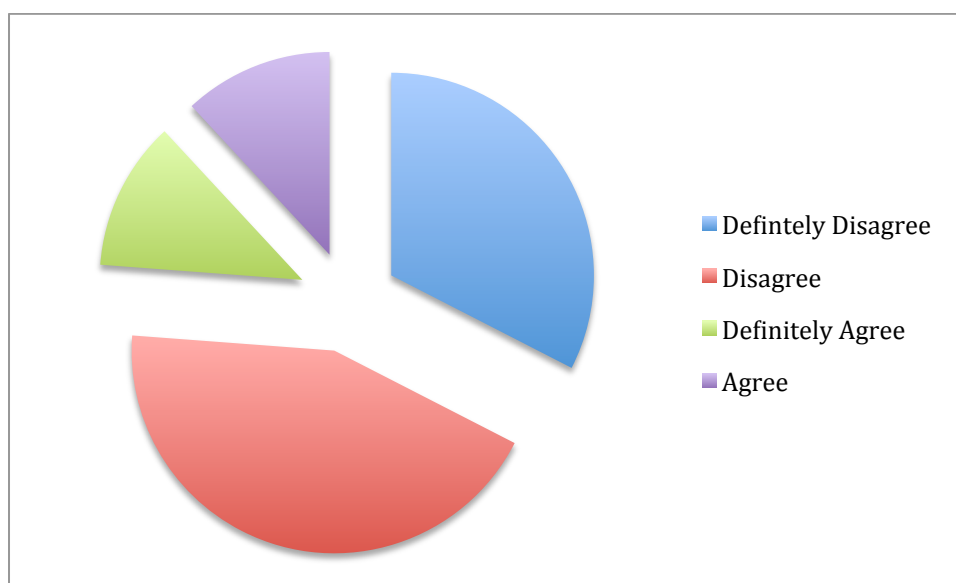


Figure 29. My self-esteem would increase if I talked to a therapist.

Suicide for many that have served in the military violates not only their moral code but also the core values of the military; therefore, 22 out of 25 of those surveyed believe that suicide violates the core values of the military.

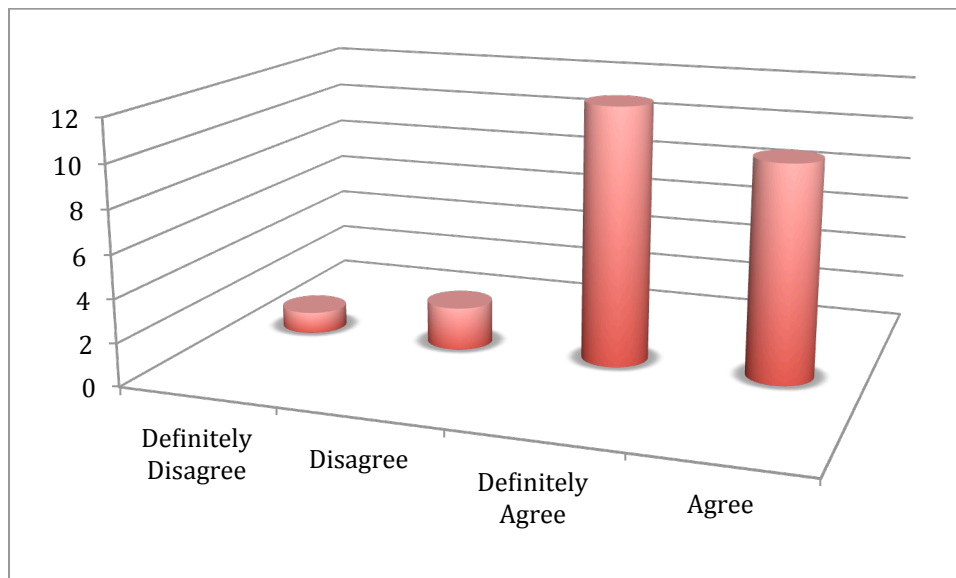


Figure 30. Suicide violates our military core values.

Veterans and active duty members that were surveyed stated that it should harm someone's career to admit to thoughts of suicide. This demonstrates the problem many at-risk veterans have in seeking help out of guilt that they should not be having suicidal thoughts. This type of guilt locks many that are at-risk of suicide into a vicious cycle of guilt, shame, isolation, and fear over their mental struggles.

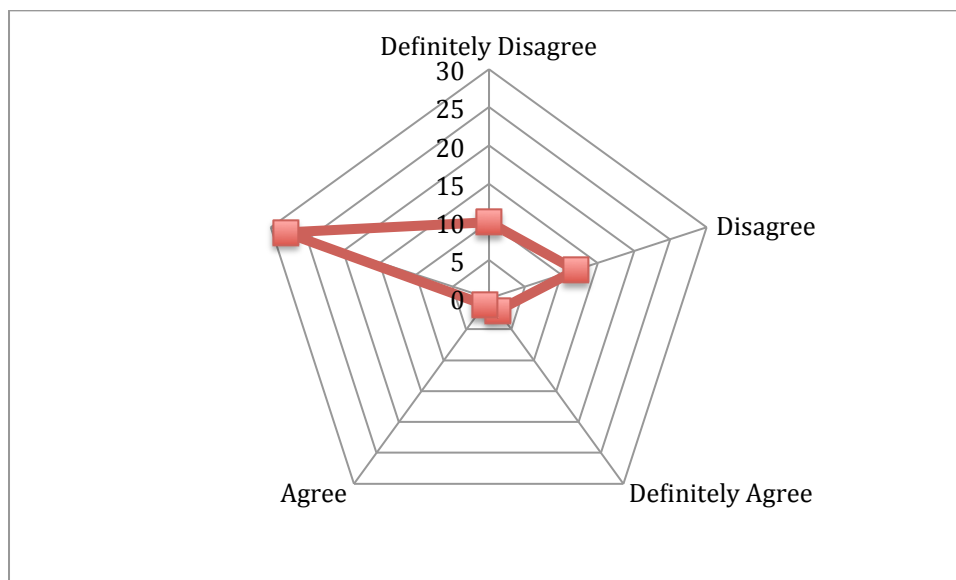


Figure 31. Admitting thoughts of suicide shouldn't harm someone's career.

The survey revealed that a majority believes they have a duty to help those who are feeling suicidal. It would appear that despite most of the veterans and active duty members feeling that they personally would feel inadequate and lose respect for themselves if they were to seek help from a therapist for having thoughts of suicide; however, 68% still felt they have a duty to help those that are feeling suicidal.

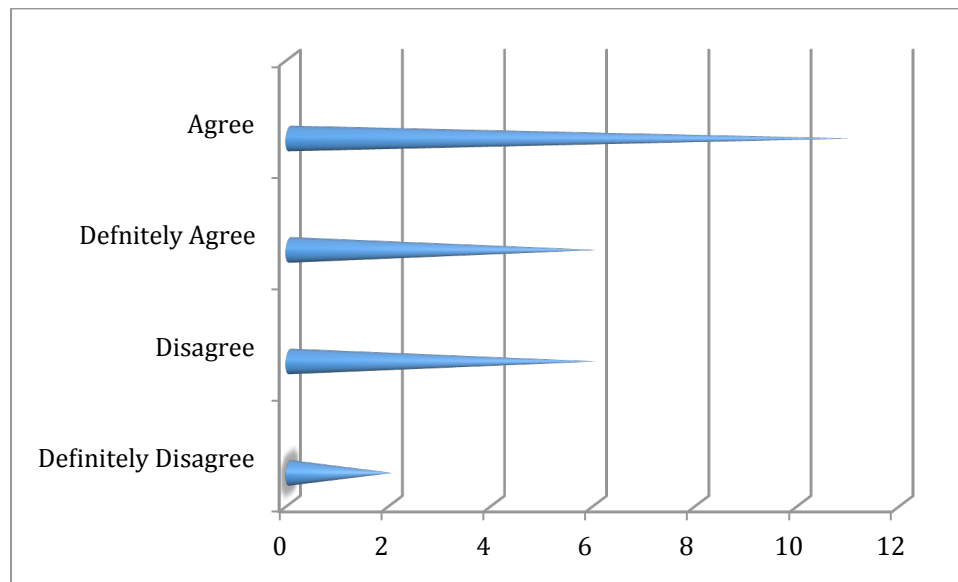


Figure 32. I have a duty to help those who are feeling suicidal.

Those that are experiencing thoughts of suicide must have a level of courageousness, in order to seek help, while being a veteran, or active duty member based on the mindset of a soldier. Most do not want to be identified as weak or needing help; therefore, 84% of those surveyed stated it takes courage to seek help when experiencing thoughts of suicide.

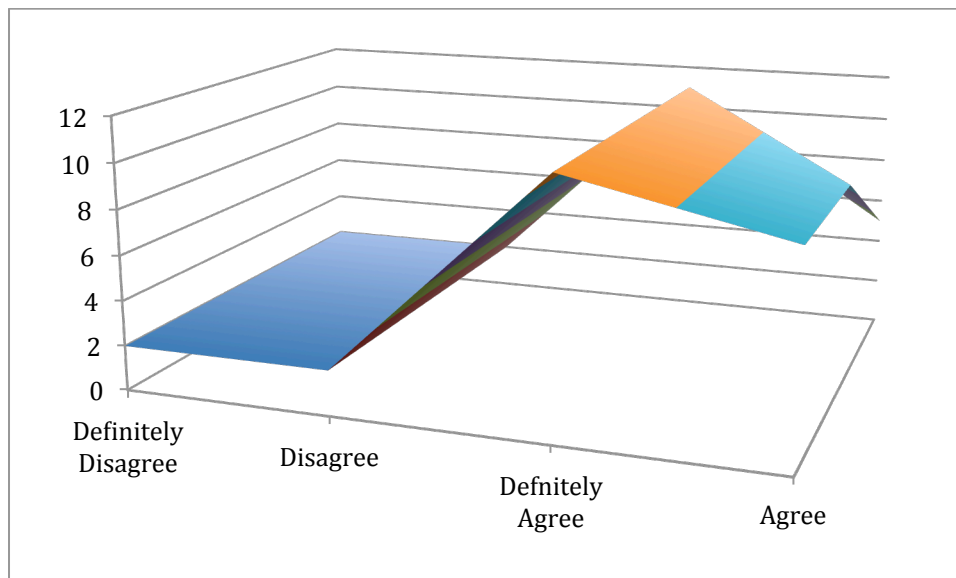


Figure 33. Seeking help for suicide takes courage.

Having suicidal thoughts and tendencies is not an easy thing to get help for, as so many veterans do not believe it warrants taking time off from their duties and responsibilities to get the proper help they need. This is demonstrated in the research gathered from the survey where 22 out of 25 veterans and service members surveyed stated that claiming to be suicidal is done to get out of duty.

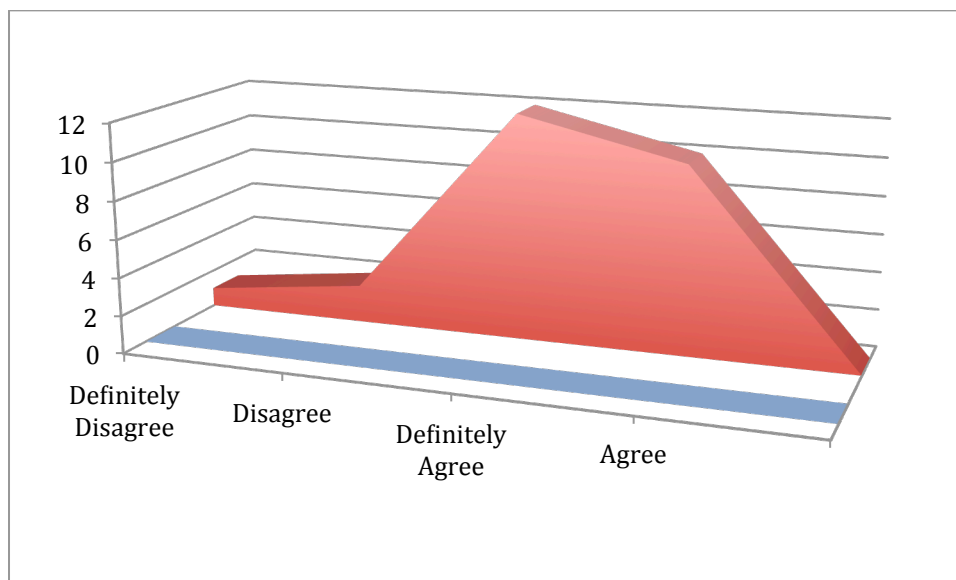


Figure 34. Claiming to be suicidal is done to get out of duty.

Thus, this brings up the issue that when a veteran or service member does seek help for thoughts of suicide should they have time to recover? And how much time is appropriate, while others are covering for the at-risk service member or veteran? These issues can be problematic, and extremely difficult to get a consensus on, as demonstrated by the research gathered from the survey given where it was evenly split on if a person that has attempted suicide should receive time off to get help.

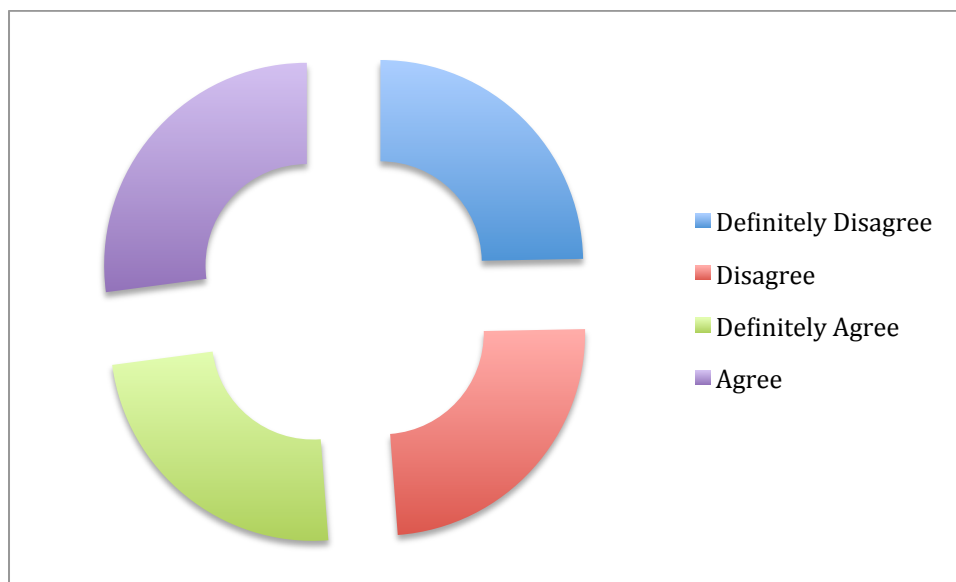


Figure 35. People who attempt suicide should be given time to receive help.

Analysis of the Findings

The purpose of demonstrating these findings from the survey was to provide a detailed account of the research gathered from veterans, and active duty members concerning the military's attitude and stigma on suicide. "Current and former military personnel account for approximately 18% of all suicide deaths in the United States. It is estimated that 18-22 veterans

daily commit suicide.”⁶ The survey appeared to establish that there is a clear underlining fear with many veterans and active duty members in seeking help for depression and thoughts of suicide, and primarily for fear of it going on their permanent records. This provides an opening for chaplains and spiritual care counseling to bridge the gap between an at-risk veteran and that of a mental healthcare provider, as speaking with a chaplain or clergy would alleviate one’s mind from the worry of the help they seek in becoming a problem for them in the future.

“Chaplaincy services are thought to support mental health in two ways. First, traditional religious practice may help against mental illness and psychological distress. Second, chaplains also provide a variety of non-faith-based services (e.g. crisis intervention, emotional enabling, ethical consultation-deliberation, life review, patient advocacy, counseling, bereavement, and empathetic listening), which may similarly lend themselves to improved mental health outcomes.”⁷ There would appear that spiritual care could play a larger role in helping to thwart the high number of veteran and active duty member suicides, as it could help to lessen the attitude and stigma that many of those that are at-risk currently feel about seeking help.

“Available data suggests that approximately 18%-31% of American veterans have at some point looked to chaplains for mental health support, as Religion and Spirituality are considered relevant to veteran suicide prevention efforts.”⁸ “VA chaplains who report contact with at-risk veterans estimate that this group accounts for upwards of 10% of their patient population.”⁹ This would appear to demonstrate an ever-increasing usage of VA chaplains in helping those that are at-risk of suicide, through the use of spiritual care. Thus, from the results

⁶ Marek S. Kopacz & Michael J. Pollitt, “Delivering Chaplaincy Services to Veterans at Increased Risk of Suicide”, *Journal of Health Care Chaplaincy*, 21:1, 1-13, (2015): DOI: [10.1080/08854726.2014.967525](https://doi.org/10.1080/08854726.2014.967525)

⁷ Ibid.

⁸ Ibid.

⁹ Ibid.

of the applied research demonstrated in this chapter, it will provide the basis for a theoretical orientation in the next, for a comprehensive suicide prevention plan, through spiritual care for United States military veterans.

Chapter 4: Conclusion

Practical Application

The practical application for this theoretical orientation can be applied in this student's job and ministry, as a hospital chaplain and private practice counselor. This chaplain deals with many military veterans that are struggling with PTSD, depression, anxiety, and thoughts of suicide. A great number of veterans are often neglected after returning home from their service, and many are not re-connecting because they are not able to relate to civilian life. This is creating a great number of former servicemen and women to turn to suicide as a result of their PTSD, depression, and anxiety rather than seeking treatment. The most comprehensive treatment plan would be to integrate the theories of Cognitive Behavioral Therapy and Christian Cognitive Therapy, in the form of the Integrationist Perspective theory of counseling, in a brief counseling scenario. This would allow the veteran, or active duty member struggling with thoughts of suicide to be helped in all aspects of their lives.

For example a veteran that is at-risk of suicide that seeks out the advice from a chaplain can often discover that God's Word is divinely inspired, and that truth is extremely vital to their ability to begin to cope with their suicidal thoughts. Integration of theology and Cognitive Behavioral Therapy can offer a perspective to an at-risk veteran that the Bible can in fact be profitable for nourishing their afflicted soul, and help renew their mind. Integration of theology and psychology can allow a person that is at-risk to view their situation from God's perspective, by not just treating their mind, but also their soul in the process. God's Word can go even further to inspire an at-risk veteran to embrace a different perspective, while helping them to connect with a support group of peers, where there are often others suffering from the same affliction. Connection to God and others is key in helping to prevent suicide, and offering a divine

perspective can go along way in accomplishing that for veterans who are seeking out spiritual care.

Integration of spirituality can help to curtail those suffering from major depression, and thoughts of suicide. Suicide is among the 10 leading causes of death currently in the United States of America. “The last several years has seen an even greater increase in major depression that has led to suicide, among United States military veterans. Until 2006, suicide rates were emphatically lower for veterans than for adult civilians; however, by 2014, death by suicide was 21% more likely for veterans than for their adult civilian counterparts.”¹ Thus, there is an increase of major depression among ex-military personnel roughly 20 veterans are committing suicide every day in the United States. “The most alarming is the rate of which new veterans are struggling with depression, while becoming more at risk of suicide. Suicide rates for veterans aged 18-29, and for veterans between the ages of 30-39 have increased dramatically from the year 2001 to 2014.”²

Specifically when a veteran is suffering from PTSD, or depression and gets admitted to the hospital, and deemed to be at risk of suicide. The veteran often gets treatment from mental health care providers, but rarely will the chaplain who is helping the veteran with their spiritual health ever confer with the mental health care provider. Thus, the problem is in the continuity of care, as in order to change behavior one must address not just the mental, but also the spiritual. The spiritual counselor often does not address the cognitive behavioral aspects of the depression one is dealing with, and the mental health care provider rarely deals with the spiritual aspect, of unbiblical and erroneous thinking. Therefore, many chaplains and pastoral counselors would

¹ Joseph J. Amato, Deborah J. Kayman, Mark Lombardo, and Marjorie F. Goldstein, “Spirituality and Religion: Neglected Factors in Preventing Veteran Suicide?,” *Pastoral Psychology* 66, no. 2 (December 21, 2016): 192, accessed April 5, 2017, <http://dx.doi.org/10.1007/s11089-016-0747-8>

² Ibid.

greatly benefit from integrating some aspect of cognitive counseling. Cognitive counseling can be defined as any model that is founded on the belief that one's thoughts are directly linked to how they feel. "A counselor who uses this model seeks to help counselees identify distorted types of erroneous thinking that may be at the root cause of their emotional distress."³

There are often specific cases where this counselor has been sought in helping an at-risk veteran that has attempted suicide while demonstrating high levels of hopelessness. The theoretical orientation of the Integrationist Perspective, which combines elements of Cognitive Behavioral Therapy, and Christian Cognitive Therapy were implanted. The first step is always to identify the basic psychological and spiritual needs the client might be experiencing. Therefore, shortly after questioning an at-risk veteran, or service member it is often determined that they are experiencing depression from shame over experiences derived from one's service in the war.

The second thing that is often determined was if their emotional trauma was being caused by any sin. The way many veterans cope with their depression is through denial of the shame they are experiencing, as denial is a major problem for many veterans. Typically when shame is involved many times those that are struggling with guilt will neglect treatment. A great number of veterans and active duty service members will reject getting help for their thoughts of guilt and shame out of fear it will go on their permanent record; thus, integrating spiritual care for active military personnel and at-risk veterans' treatment plan can unlock the door to their resistance, as working with a chaplain, Christian counselor, or clergy is confidential and does not go on their permanent record. This can be the catalyst to helping a veteran accept social support, and see their social skills increase to the point where receiving help and treatment can be embraced. Integrating spiritual and religious factors into the treatment plan for anyone that is

³ Charles Allen Kollar, *Solution-Focused Pastoral Counseling*. (Grand Rapids, Michigan: Zondervan, 2011).

dealing with shame can be a big help to them becoming open to receiving the treatment they desperately need. It is very often determined that some of the oppression an at-risk veteran is dealing with is, in fact, spiritual, and in some cases, the veteran might be a Christian but could be experiencing erroneous thoughts, while obstructing them from reality; thus, their reality could be that the things they did during the war was not sinful, but part of their duty in time of war.

The third aspect of therapy to be implemented is to focus the client's attention to humanity's ultimate purpose of experiencing spiritual health. Through the counseling sessions, progress can be made, by refocusing the veteran on his relationship with God. This helps an at-risk person to understand and know that God is not upset, or ashamed of them, but in fact, loves and appreciates their loyalty to God, their country, and their family. Getting the client involved in a church life group with other veterans can make tremendous progress in their life.

The fourth thing that should be integrated into a specific treatment plan is Cognitive Behavioral Therapy. Scripture memorization can help to implement a new mindset, while removing erroneous thought processes, and eliminating demonic influences that seek to keep a person in bondage, as this strategy can help the client well after their therapy has ended. This is a tool that can really help a client find long-term solutions to problematic thinking.

Finally, the last step in this treatment plan is to discover a shared group of goals for the at-risk veteran, or active duty service member that encompasses not just their spiritual and mental well being, but rather focused on all aspects of their life. For example when the client is a former Army Ranger, and use to being fit and in shape, by incorporating a fitness and exercise routine into their treatment plan can help the client set physical goals, which result in them often losing weight, and gaining their self-esteem back. The treatment plan should include a holistic

approach that can help the client remain in balance, and it is that balance that needs to be integrated into all counseling situations.

Biblical Integrative Factors

There are many passages of Scripture that would suggest that biblical integrative factors into this theoretical orientation are in fact congruent with the Bible. The purpose for the integration of the Bible will be to demonstrate why the verse or passage is relevant to the client in aiding them to change their behavior, via the integration theory. “Although there are various approaches to Christian counseling, the role of Christian theology based on Scripture or the Bible in Christian counseling is crucial and central.”⁴ This has never been truer than when counseling an at-risk veteran, or active duty service member that is struggling with thoughts of suicide.

To help effect change in today's culture it is important to look at how Jesus made effective change in the culture in His time on earth. “Discipleship is the very task on which Jesus focused his efforts and invested most of his time and energy.”⁵ Jesus understood that the only way to effectively bring about change was to train disciples, as they would adequately teach and spread His message long after He had ascended to the Father. “The founding of the whole Christian movement, the most significant religious movement in history, one that has extended itself through the ages and into the twenty-first century, was initiated through the simple acts of Jesus investing his life and embedding his teachings in his followers and developing them into authentic disciples.”⁶ This must also occur in the lives of the country's best in the form of

⁴ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011), 322.

⁵ Alan Hirsch, *The Forgotten Ways*, 2nd ed. (Grand Rapids, MI: Baker Publishing Group, 2016), 110.

⁶ Ibid.

military veterans and active duty members, and especially those that are suffering from thoughts of suicide.

Physical Health

“There is one who speaks rashly like the thrusts of a sword, but the tongue of the wise brings healing” (Proverbs 12:18). This verse proclaims that there is not only wisdom in seeking sound advice, but that it can also bring about healing. This is the role of the integrationist counselor in using this particular theory, which is to offer sound advice and healing for those struggling with thoughts that do not fit God’s Word. Part of bringing about total healing to one’s soul is to incorporate not only help for their mind, but also for their physical body in the process. Mind, body, and spirit often go hand in hand, as one digresses so too do the others. Thus, it is often important to make sure that one is staying in good mental and physical condition.

Gary Thomas explains an important instructional tool that correlates physical and spiritual strength. Thomas identifies the connection between one’s body and spirit, by explaining that sins committed in the body must be rejected. “The sins we are to attack are not just soul-based sins – sins of the mind, sins of the heart (lustful thoughts, envy, jealousy, hatred, prejudice), or sins of disbelief – but also bodily sins.”⁷

The theme of the book focuses on the comparison of one’s soul to that of silver. Silver must go through a very difficult sifting process of removing what is called dross, in order for it to be created. The same is true for the soul of a person. God must remove the things that do not belong, in order to refine our spirit to match His. “Because silver is harder than gold, once it is pounded, it tends to hold its shape better (though such shaping takes that much more force). “If our aim is to ‘conduct’ God’s presence – not impress people on our own, but rather to be

⁷ Gary Thomas, *Every Body Matters: Strengthening Your Body To Strengthen Your Soul*. (Grand Rapids, Michigan: Zondervan), 35.

available to help connect others to God – I can't imagine a more apt 'metal metaphor' to choose."⁸

A person who is physically undisciplined, lazy, and weak cannot be all God wants them to be. "A soft body cannot carry a hard message; a fragile personality cannot endure a harsh response."⁹ There should be an understanding that a physically weak Christian cannot endure the challenges that come with living for God, in the same way, a person who is strong in both body and spirit can. It is the church's duty and calling to raise men and women with the strength of Jeremiah and Paul who will not wilt in the face of the fiercest persecution imaginable."¹⁰ Thus, when appropriate incorporating a centralized focus on an at-risk veteran's physical shape can be a key to unlocking the door to their mind, as often depression and feelings of self-loathing can dissipate just by exercising and especially for a person like a veteran that is used to being in shape.

The truth is physical endurance can produce mental perseverance, as it is through perseverance and trial that one's physical muscles and mental health grows. This same principle about fitness also applies to one's spirit. Life is about enduring the ups and downs while refusing to quit. "The ungodly fail once and often give up trying, but living with God's grace gives us the strength to persevere in the face of repeated failure."¹¹ There is a reward for those who endure not just in physical terms, but also in a spiritual sense. One only has to look to the Son of God to understand the rewards of His persistence. Incorporating physical exercise into an at-risk veterans treatment plan can help them release the endorphins they need to start feeling good

⁸ Ibid., 13.

⁹ Ibid., 200.

¹⁰ Ibid., 200-201.

¹¹ Ibid., 186.

about themselves again, and bring about self worth in the process, and then the spirit can be open to accepting more truth about other changes they might need to make in their spiritual, or mental lives as well.

Emotional Health

"To know wisdom and instruction is to discern the sayings of understanding, to receive instruction in wise behavior, righteousness, justice, and equity" (Proverbs 1:2-3). This passage relates to the client who may be struggling from their own ignorance on matters on the meaning of life, and who desire to understand righteousness. Spiritual care providers can direct those who seek a deeper understanding of the ways of God into a better knowledge of faith, and how it can produce a better behavior towards life, which perfectly integrates with CBT (Cognitive Behavioral Therapy).

However, sometimes for at-risk veterans or active duty members is that their thoughts of suicide might stem from a crisis they are currently having to endure. Thus, understanding how to effectively engage in crisis counseling is an important aspect of incorporating spiritual care in one's suicide prevention treatment plan. The Bible offers many examples of people that had to deal with a crisis in their lives. A key crisis that affected Jesus personally was that of Lazarus, which at the time had become very sick and was near death. This is a crisis from the Bible that is very relatable to many veterans and active duty members, who have had to deal with fellow soldiers that have either died or are dying. They may be dealing with the emotional pain of the loss of a job, or a divorce that can feel just as painful as a death. The interesting thing to note first was Jesus' response to the news of Lazarus being sick. Jesus used both His humanity and His godhood in dealing with the situation. He sympathized and wept over Lazarus being sick and having died while trusting in the power of the Father to raise him from the dead. Jesus did not

panic, waver, fret, or worry, but rather demonstrated great peace in the midst of receiving difficult news about someone He loved and cared about. Therefore, in many cases a crisis will have several phases to it, such as the initial impact, then secondary confusion, followed by an adjustment phase, and hopefully a reconstruction phase that will take place in the life of the one experiencing the crisis. Therefore, many at-risk veterans and active duty members experience a debilitating crisis, and sadly many do not have the proper counseling, or spiritual care assistance to help guide them through their difficulty, thus, there are four major phases a person experiences when dealing with a crisis, which are important for any counselor to understand, and especially when dealing with at-risk veterans, and active duty members.

Impact Phase

“The first step that occurs for someone dealing with a crisis is the impact phase, which is an immediate sense that happens as a result of the impact of the crisis.”¹² This is what happened to Mary and Martha the sisters of Lazarus, as they sent word to Jesus. John 11:3 states, “So the sisters sent word to Him (Jesus), saying ‘Lord, behold he whom You love is sick.’” This verse reveals the understanding of how sick Lazarus had become, and the impact that realization had on the two sisters, as they sent word for Jesus to return to help them. This type of despair is often what an at-risk veteran or active duty member feels when their marriage is dying, or their self-worth is shaken by a change in their career, or a loved one has passed away. It is vital for them to have access to the right voices early on when they encounter such life-altering crises.

Withdrawal and Confusion Phase

Many at-risk veterans appear to be dealing with withdraw and confusion in a similar way to what Mary and Martha felt when they became confused by Jesus’ actions over the death of

¹² Dr. H. Norman Wright, *The Complete Guide To A Crisis & Trauma Counseling: What To Do and Say When It Matters Most!* (Ventura, California: Regal Books), 143.

their brother Lazarus. They had sent word that Lazarus a person who Jesus loved was sick, but yet He remained two extra days longer in the place He was, rather than immediately leaving to go help them. Mary and Martha felt that because Jesus didn't immediately show up to help them in their crisis that He must not truly love them, or care about them. This is the way many at-risk veterans and active duty members feel today, as they are confused as to why Jesus did not show up and help them immediately when they needed it most. This takes a skilled spiritual care counselor to be able to explain Jesus' role when a crisis hits. Jesus also makes an additional comment on this topic in John 11:15 when He states, "I am glad for your sakes that I was not there, so that you may believe." Martha went to meet Jesus and in her confused state from the crisis expressed her confusion to Him. John 11:21 states, "Martha then said to Jesus, 'Lord, if You had been here, my brother would not have died.'" Being a hospital chaplain I have heard many family members state this very thought in their state of confusion when being in a crisis. That if only God had been there for their loved one they would still be alive. The saddest of all is when a veteran or active duty member makes this confession, as they have sacrificed so much, and for them to feel the deep confusion that comes from a traumatic event is challenging for any counselor. The most important thing in dealing with an at-risk veteran or active duty member that is clearly suffering from thoughts of suicide over a traumatic crisis is to quickly be able to decipher their withdrawal and confusion over their situation and be able to begin a treatment plan. The most significant aspect of incorporating spiritual care in a suicide prevention plan for an at-risk veteran is to drive home the point that God has not abandoned them, but is with them, and will help them through their crisis. Romans 8:28 "And we know that God causes all things to work together for good to those who love God, to those who are called according to His purpose." Spiritual care allows the at-risk veteran, and active duty member suffering from

suicidal thoughts to understand that not everything is good that happens to them, but God can turn even the crisis they are experiencing around for their good. The spiritual care aspect is what is lacking in current treatment plans for suicide prevention for veterans and active duty members suffering from suicidal thoughts.

Adjustment Phase

“The third important aspect of a crisis is that of the adjustment phase, which is often focused on the possibility of hope.”¹³ Jesus is the ultimate pastoral counselor pointed Martha's focus to the possibility of hope; by expressing Lazarus would rise again. This is the point where Jesus' humanity and His godhood collided. Not only did He offer her emotional support, but also spiritual guidance. Chaplains, counselors, and pastors do not have the capacity to offer to raise someone's loved one from the dead, or remove an at-risk veteran's thoughts of suicide, but they can in fact point to the hope of the resurrection, and the fact life does not end at death. Therefore, hope even for someone that has lost a loved one that they may not know if they were saved can be a consolation, as no one knows for certain if someone is saved or not, but the only chance of seeing a loved one again is found in Christ, as well as the only way one should try and live in this world. Salvation is not needed based solely on the fact that a person may die tomorrow, but rather it is needed based on the fact a person may live tomorrow, and they will need Christ to get through this fallen world. This was the very assurance that Jesus was offering Martha, as reaching out to her humanity, and her spirit simultaneously. Therefore, the greatest hope of all is found in God. This goes back to Jesus' early declaration of John 11:15, “I am glad for your sakes that I was not there, so that you may believe.” The correlation for veterans dealing with suicidal thoughts is in focusing one's hope in the direction that things can improve, and that it is not just normal to feel helpless at times, but rather it is beneficial. Thus, 2 Corinthians 12:9-11 proclaims,

¹³ Ibid., 147.

“And He has said to me, My grace is sufficient for you, for power is perfected in weakness. Most gladly, therefore, I will rather boast about my weaknesses, so that the power of Christ may dwell in me. Therefore I am well content with weaknesses, with insults, with distresses, with persecutions, with difficulties, for Christ’s sake; for when I am weak, then I am strong.”

Hope is a big component of the adjustment phase in a crisis, but it is vitally important to understand that often this type of hope is not consistent. “Therefore, it is important to place and direct one’s hope on things that are eternal like the Lord Jesus Christ, and allow the adjustment phase to help grow one's goals, values, and beliefs.”¹⁴ One can see this happening with Martha when she said in John 11:24, “I know that he will rise again in the resurrection on the last day.” Thus, for the at-risk veteran and active duty member that is dealing with a serious crisis, it is vital for them to know that God can still work in them despite a loss of a marriage, job, health, or loved one. God ultimately is in control and has a future and a hope for everyone regardless of their situation and circumstances (Jeremiah 29:11).

Reconstruction Phase

Martha’s hope was beginning to be expressed in the crisis scenario, but Jesus in His excellent counseling did not leave her there with just a glimmer of hope. He instead helped her get into the reconstruction phase of her crisis, by helping her to experience a new perspective and appreciation for her belief. “A crisis can be used in many cases to help a person find a new strength and approach to life through reflection.”¹⁵ Jesus helped Martha gain new insight by not just dealing with her on a human level. “The Christian caregiver must do their best to help the

¹⁴ Ibid., 154.

¹⁵ Ibid., 155.

person they are working with to not view their crisis completely from a human perspective.”¹⁶

Jesus explained to Martha from a spiritual perspective that He was, in fact, the resurrection and the life, and that if anyone believed in Him they would be saved (John 11:25-26). This was Jesus at His best counseling with a spiritual influence and perspective that every Christian counselor has at their disposal, through the power of the Holy Spirit. Martha’s hope went from an emotional feeling to a knowing state of mind. She then stated in John 11:27, "Yes Lord; I have believed that You are the Christ, the Son of God, even He who comes into the world." This is the importance of incorporating spiritual care into a treatment plan for suicide prevention for United States military veterans and active duty members, as it takes their hope from the emotional state of feeling to the mental state of knowing that God is in control of their lives and situation.

Martha experienced a clear reconstruction of her faith and hope, by going through the four phases of a crisis. Jesus also provided a clinic on a how to counsel someone on a human and spiritual level, as He helped Martha through the phases of a crisis well before Lazarus was ever raised from the dead. This is the importance of incorporating spiritual care into a treatment plan for suicide prevention for United States military veterans and active duty members, as it takes their hope from the emotional state of feeling to the mental state of knowing that God is in control of their lives and situation.

Mental Health

A very integral part of the process of becoming the person one is meant to be, and being a mentally strong person, is by letting go of past hurts, pains, and failures. Thus, letting go of any source of bitterness will enable the Lord to bring about a new focus and destiny into a life and mind that is surrendered to Him. Prayer is a key contributing factor for being able to let go of the

¹⁶ Scott Floyd, *Crisis Counseling: A Guide for Pastors & Professionals*. (Grand Rapids, Michigan Kregel Publications), 38.

negative things from the past. “The goal of prayer is to live all of my life and speak all of my words in the joyful awareness of the presence of God.”¹⁷ When it is understood that God is in every aspect of life, it then becomes appropriate to open the lines of communication with Him about the concerns of life. This inclusion of God and understanding His presence can strengthen each individual to embrace His will, plan, and purpose, while laying down the hurts and pains that seek to pull one away from God. “God is still in the business of redemption, specializing in bringing something very, very good out of something very, very bad.”¹⁸ Prayer re-focuses one's mind on the things above, and not just the harsh realities of everyday life. Colossians 3:2 states “Set your mind on the things above, not on the things that are on earth.”

“I have remembered your ordinances from of old, O Lord. And comfort myself” (Psalm 119:52). This verse gives strength to the person who is dealing with an immediate affliction, as the wisdom of the Law of God can provide clarity and truth into a circumstance that seems hopeless, and helpless. The Lord does not change; therefore neither does His promises of comfort for those who are afflicted and distressed. Most emotional problems originate from faulty thinking. A person that is so focused on their problems and carrying around a root of bitterness will struggle with discipline and lack self-control. Thus, one must first change the way they think in order to experience an emotional breakthrough in their life. There is significance in discovery in going through integrationist perspective therapy that every person must make at some point in their treatment, which is to identify the importance of being an emotionally healthy person, for that is vital to becoming a spiritually mature and well-balanced person that has a sound mind.

¹⁷ Gary Thomas, *Every Body Matters: Strengthening Your Body To Strengthen Your Soul*. (Grand Rapids, Michigan: Zondervan), 134.

¹⁸ *Ibid.*, 242.

“Mentally and emotionally unhealthy people tend to be unaware of what is going on inside them. And even when they recognize a strong emotion such as anger, they fail to process or express it honestly and appropriately.”¹⁹ This identifies a real problem area for many that are dealing with thoughts of suicide, which is, to be honest with themselves and others about how they truly feel. The idea pinpoints how many at-risk veterans that are emotionally hurting, while remaining mentally stuck, by being focused on a bad memory, or hurt feelings. Thus, they walk around wearing a false mask that projects a life of having everything under control, and even when in reality it is not. They need the help to get their mental focus to shift from the negatives they feel, and on to the positives they have forgotten.

There are ways that an at-risk veteran or active duty member can find mental balance and be the person they were truly meant to be, by just being honest about both their work (or lack thereof), as well as their home lives. "The problem with too many people is that we allow our work to trespass on every area of life, disrupting the balanced rhythm of work and rest God created for our good.”²⁰ Some of the tools to accomplish a balanced life are to learn to slow down and focus on the loving relationship one has in Christ, as well as to practice a Sabbath day of rest once a week.

Probably the most important aspect of the Integrationist Perspective Treatment Plan is to utilize the importance found in Cognitive Behavior Therapy, which is to understand if a person changes their behavior their mindset will also change in the process. Thus, as stated in chapter two of this thesis, which explained the overall aim of Cognitive Behavioral Therapy. “Therefore, it takes changing one’s behavior in order to see thoughts and emotions change, and that is what

¹⁹ Peter Scazzero, *The Emotionally Healthy Leader: How Transforming Your Inner Life Will Deeply Transform Your Church, Team, and World*. (Grand Rapids, Michigan: Zondervan), 27

²⁰ Ibid., 146

ultimately enables a client to begin to achieve in life.”²¹ Thus, so many depressed people allow their work to overwhelm them, which if not held in check can take over their lives. “What gives me joy and delight? This will differ for each of us, but part of the Sabbath invitation is to enjoy and delight in creation and her gifts.”²² The idea of Sabbath delight is a comprehensive approach to the spiritual health that brings about that balance in a practical way, while not feeling one’s emotional stability has been robbed. “So set aside some time to reflect on the places, activities, and people that energize you.”²³ When a person enjoys a Sabbath delight it can give them time to alleviate stress, and also provide some balance in their life that is currently lacking. Finding and enjoying a hobby is a great way to implement Sabbath delight. A person who is at-risk of suicide can stay connected as a branch, on the vine of the life-giving power found in Jesus Christ through enjoying a Sabbath delight of something they truly love doing, which will re-energize, and often change their perspective on life in the process. A proper treatment plan will consist of a mixture of Cognitive Behavioral Therapy, Christian Cognitive Therapy, and the Integrationist Perspective, which is needed to ensure that an at-risk veteran or active duty member is getting a holistic approach to finding their recovery.

“But when He, the Spirit of truth, comes He will guide you into all the truth; for He will not speak on His own initiative, but whatever He hears, He will speak; and He will disclose to you what is to come” (John 16:13). The Holy Spirit provides help for those struggling in their inadequacy. The Spirit draws people towards salvation, and the right relationship to Christ, by renewing the mind and thoughts. He also convicts sin, and thoughts that do not align with the Scripture of God’s Word. The Spirit equips one to do all that God calls them to do, and that

²¹ Ibid.

²² Ibid., 148.

²³ Ibid., 167.

includes enduring hardship and difficulty brought on by the perils of this world and life. There is hope found in Jesus, by the way of the Spirit who indwells everyone that trusts in Him. This is the foundational principle of the integration of the theoretical orientation offered in this study.

Spiritual Care through the Holy Spirit

John 14:26 states “But the Helper, the Holy Spirit, whom the Father will send in My name, He will teach you all things, and bring to your remembrance all that I said to you.” Jesus in this verse identifies all three persons of the Godhead, and how the Trinity is of equal stature and divine in nature. Although there are three persons that make up the Trinity, there is still only one God that they all three encompass; therefore, the Holy Spirit will enable someone who is suffering in a traumatic way the time to receive encouragement and help, by bringing to their mind the Words of the Lord in their affliction. Integrationist counselors have the aid of the Holy Spirit’s power to help them counsel those who are hurting and suffering, by incorporating the truth of God’s Word into their specific psychotherapy orientation.

Thus, allowing room for the Holy Spirit to be apart of the counseling processes is vitally important when merging Cognitive Behavioral Therapy, Christian Cognitive Therapy, and the Integrationist Perspective. The typical way most counseling sessions operate is by having a direct focus on the problem. This is what historically psychology has done for many years. The alternative to this type of counseling and treatment is in the form of Solution-Based, Brief Pastoral Counseling. SBBPC is refreshing for both the counselor and the counselee, as it permits the counselee control over there present circumstances. This type of counseling focuses on the present and allows for optimism, hope, and change for the future to be explored, with an emphasis on goals and desired outcomes to potentially be realized. The foundation of this theory is established on trust between counselor and counselee. The counselor's personality is a tool that

should be utilized in communicating with the counselee for optimal success while allowing the Holy Spirit to lead the counselor in the process.

There are in fact different thought processes concerning SBBPC by explaining the various theories on it. From the study that was conducted in chapter three of this thesis, which found that both Benner's Strategic Pastoral Counseling Model and Hawkins' Model applies a holistic approach to Christ-centered counseling would be more interactive in helping at-risk veterans, and active duty members that are struggling from thoughts of suicide. This style of counseling is premised on the behavioral aspect of the client. The Strategic Pastoral Counseling Model is a time-limited type of counseling that focuses on one central and specific problem. "To describe the focus of strategic pastoral counseling as spiritual is to note that the focus is on the person in relation to God."²⁴

The Hawkins Model offers pastoral counselors with an approach to health that encompasses the spiritual, psychological, physical, and relational aspects while maintaining the overall goal of being an imitator of Christ. This model differs somewhat from Benner's model in regards that it is multi-faceted as opposed to having one central focus. Both models ultimately find resolution by way of the Holy Spirit with a relationship to Christ.

The Hawkins Model focuses on the inner self of the counselee and utilizes the Word of God through the illumination of the Holy Spirit to begin the process of becoming Christ-like. The Hawkins model entails the spiritual, mental, and physical aspects of the counselee. Then from this assessment, a specific holistic approach is provided to become Christ-like. The spiritual process entails a proper examination of the counselee's spiritual habits, and disciplines. The mental capacity is evaluated by several methods, but one is through phrases and expressions

²⁴ David G. Benner, *Strategic Pastoral Counseling: A Short-Term Structured Model* (Grand Rapids: Baker Academic, 2003), 63.

for discussion during the conversation with the counselee. The physical aspect is determined by a physical examination by a licensed doctor, and either a dietician or self-examination of the counselee's eating habits. The overall outcome of this three-fold process is found in Ephesians 5:1 which states, "Therefore be imitators of God, as beloved children." This approach would need and requires both humility and honesty on both parts from counselee and counselor. This would be the only way to lead and establish those veterans and active duty members that are at risk of suicide, by being a true imitator of Christ.

The self-examination plan offers a list of useful tools that are clearly based on Romans 12:2. This approach incorporates the understanding and renewing of the mind that results in a total transformation of the mind. The steps to reach a transformed mind are some of the following: scripturally, spiritually, somatically, systemically, and synergistically. Each of these steps is designed to lead one into a stronger relationship with Christ. Spiritual gift assessments are also a good way of developing a vision for areas where a person can grow stronger in their walk with Christ.

The understanding that each individual counselee already has the resources for their need in God to establish an opportunity to implement brief counseling, by engaging the at-risk veteran into a solution. "Brief counseling's goal is to focus on solutions rather than on problems. One can build solutions with a counselee, as the Holy Spirit guides the conversation."²⁵ The largest issue a military or hospital chaplain has to face is that of time. Time constraints can be the detriment to proper counseling. Thus, brief counseling is not only preferred but is a necessity. The goal is to help aid soldiers, veterans, and their families to deal with a crisis, as well as trials

²⁵ Charles Allen Kollar, *Solution-Focused Pastoral Counseling*. (Grand Rapids, Michigan: Zondervan, 2011), 42.

in the future, and not just in the immediate moment. Brief therapy offers the counselee the necessary tools to live in a positive manner while enduring the life of a soldier, or veteran.

“All Scripture is inspired by God and profitable for teaching, for reproof, for correction, for training in righteousness; so that the man of God may be adequate, equipped for every good work” (2 Timothy 3:16) To understand fully what the word inspired is meaning here is to substitute it with the word breathed. The Lord breathed inspiration into the Bible, by utilizing the faith of men throughout history to communicate fully His message and teachings to the world. The Word of God is a manual for living that enables people to live their life with an anchor to keep them steady in the storms of life. The Bible is a final authority when it comes to what is true, as the Holy Spirit is the one who reveals all truth to mankind. This is the message and goal of the integration of theology and psychology, which is to provide sound inspiration for one’s thought life and behavior.

God provided the world His Word for one significant purpose, which is to ensure that people have the resources for spiritual maturity. The Holy Spirit coupled with Scripture affords mankind a means to correct and rebuke when needed. Part of the rearing by the Holy Spirit is to enable those in Christ to discover and find His will for their lives. For the lost soul He convicts of sin, which can lead to salvation and hope beyond their lives on earth. This is an important tool for any spiritual care provider to be able to integrate these verses into integration therapy for clients that are struggling with hopelessness over current shame, or past guilt.

To be able to establish that God's Word is, in fact, true, and can be trusted to offer a real perspective on one's life is incredibly important to do. To establish God's Word as true opens the door for other relevant passages to come to life for a struggling client's current situation. The truth of the Bible reveals that the Holy Spirit can help people see that the thoughts of himself or

herself that are causing them depression are not coming from God, but rather from a false self-image, or lack of understanding on life in the grand scheme of reality. This is also the same goal of Cognitive Behavioral Therapy, which is to pinpoint the negative destructive thought patterns in a person's life and remove them by changing their behavior. Therefore, it is clear that the integrative factors for this specific theoretical orientation are congruent with Scripture.

Final Thoughts

When working with an at-risk veteran, or active duty member that is having thoughts of suicide it is important to incorporate Solution-Based, Brief Counseling, by rationalizing its use as an intentional model with the following understanding. “First, strategic pastoral counseling is both brief and time-limited, working within a suggested maximum of five sessions.”²⁶ The brief time-limited sessions develop into the counselee's mind that there is no time or sessions to waste, and promotes solution based thinking and outcomes to occur. “Secondly, a fundamental way in which strategic pastoral counseling is Christian is that it encourages reliance on the Holy Spirit.”²⁷ Lastly, total reliance on the Holy Spirit is the only true form of Christian counseling.

The Spirit must guide both the counselor, as well as the counselee for strategic pastoral counseling to be truly effective. “This teaches the counselee to rely on the Holy Spirit for challenges, trials, and tragedies in the future, and not just in the present. For the pastoral counselor, or chaplain questioning takes into account the activity of the Holy Spirit, as well as the counselee’s strengths and abilities to bring about personal change.”²⁸ Through the proper use of questioning a good counselor, or chaplain can get the counselee to discover their strengths,

²⁶ David G. Benner, *Strategic Pastoral Counseling: A Short-Term Structured Model* (Grand Rapids: Baker Academic, 2003), 48.

²⁷ *Ibid.*, 68.

²⁸ Charles Allen Kollar, *Solution-Focused Pastoral Counseling*. (Grand Rapids, Michigan: Zondervan, 2011), 104.

talents, and abilities. This engages the Holy Spirit and allows Him to lead the sessions and enables the counselee to understand who they are in Christ. This is a great step in the counselee seeing him, or herself in a positive light.

The truth is there are spiritual factors at play when dealing with an at-risk veteran, or active duty member that is struggling with thoughts of suicide. Satan and demonic forces are still operating today. The reality is that demonic possession is not the only way Satan attacks people in spiritual warfare. Satan and his cohorts are oftentimes subtle in their strategy against people. The objective in helping one struggling with thoughts of suicide is to shed light on why Satan attacks them, which is for the sole purpose to attempt to deny God His glory.

The enemy has waged war on many struggling veterans. Satan's tactic is to get them to overly focus on their self, rather than God. "In our own lives, when he gets us to live for self rather than in submission to the lordship of Christ when he influences us to speak and act in ways that do not bless and edify others, he has successfully won a victory and deprived God of His glory."²⁹

The enemy is not just Satan himself, but also the world, and lastly the flesh. "Satan is against us, but he also uses the realm of this world as a context and powerful influence to distract us from living by the godly, Christ-like principles and values that glorify God."³⁰ Satan is, in fact, the god of this world, as evidenced in his temptation of Jesus. Luke 4:6 states, "And the devil said to Him, I will give You all this domain and its glory; for it has been handed over to me, and I give it to whomever I wish." Jesus did not deny Satan's statement that all the kingdoms of the world belonged to him. "Satan subtly and deceptively propagates his lies so that we

²⁹ Jerry Rankin. *Spiritual Warfare: The Battle For God's Glory* (Nashville: B&H Publishing Group, 2009), 27.

³⁰ *ibid.*, 81.

readily compromise our values and become splotched by the sinfulness of the world rather than claiming the victory we have been given in Christ.”³¹

The reality is the flesh is an adversary in spiritual warfare that wages for at-risk veterans. “Satan’s most subtle and effective strategy is to convince us that we are still in bondage to our old, unregenerate nature.”³² Thus, there are several keys to victory over the flesh for those dealing with thoughts of suicide. They are the following: First, one must understand the theological aspects of Integrationist Perspective which begins with comprehending that Christ has already defeated their guilt and sin on the cross. Second, at-risk veterans and active duty members dealing with thoughts of suicide must set their minds on the things of God, as this incorporates Christian Cognitive Therapy’s goal of changing the focus from one’s problems to the solution of Christ and His healing provisions.

Third, one must learn to accept love to conquer a self-centralized focus on their problems, embracing the understanding of their spiritual nature that needs the love of Christ, and others. Fourth, it is imperative to walk in the Holy Spirit, as only the Spirit of Truth can erase erroneous and destructive thoughts from a veteran, or active members faulty way of thinking. Fifth, incorporate Cognitive Behavioral Therapy by replacing behavioral patterns that provide an opportunity for the flesh to torture one’s mind with thoughts of guilt and shame that result in deeper depression, by starting a desirable hobby, or physical exercise program can change one’s inward focus, which can result in a stabilized mind of self-improvement. This last one will not occur without sacrifice. The only way to get complete victory from thoughts of suicide is to trust the Lord Jesus Christ, and allow Him to remove one’s selfish desires, and heal the brokenness and pain that so many veterans are suffering from.

³¹ Ibid., 84.

³² Ibid., 108.

Jesus did not conquer sin just in His actual death of the cross, but in the fact that He lived a life that denied His flesh. "The victory is not in a theoretical identification with the cross and Christ's crucifixion but in a willingness to deny the old nature and desires of the flesh as He did."³³ Thus, it is a process that enables one get to the final goal, as it may not happen overnight, as often there are years of guilt, pain, and sorrow an at-risk veteran might be dealing with. "However, they can be substantially satisfied by surrendering their self-protective defenses and depending more fully on Jesus Christ to empower them to live their lives according to His will, including being involved in a caring community."³⁴

Satan is behind every suicide attempt, which tries to destroy a person's life and family. "A lot can be said about how Satan works to deceive us, tempts us to sin, and influences us to justify living an unholy and self-centered life, but we especially need to heed what God tells us in His Word."³⁵ Scripture is replete in the way it demonstrates how Satan attacks those that are hurting and vulnerable. There are six primary ways that Satan uses against at-risk veterans and active duty members that are struggling with thoughts of suicide.

The first is un-forgiveness, which allows Satan to keep one's focus on self. This will lead to his second tactic, which is anger. Satan's strategy in allowing bitterness to manifest itself is in how one can rationalize reasons for their anger, which in turn keeps them in bondage. The third fiery dart Satan utilizes is doubt. Satan knows that a person's faith is the key to them living a victorious lifestyle, and he attempts to strike at one's faith through doubt. Satan knows humility is what leads a person into submission to God, and to receive the help they desperately need;

³³ Ibid., 145.

³⁴ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011), 325.

³⁵ Jerry Rankin. *Spiritual Warfare: The Battle For God's Glory* (Nashville: B&H Publishing Group, 2009), 165.

therefore, his fourth tactic is to promote pride in one's heart, and a reliance on self-sufficiency, which keeps at-risk veterans in the bondage of isolation. The fifth strategy Satan uses is unholy living, which often is found in the form of self-medication typically with drugs and alcohol. "Holiness is separation from worldly lusts and a life of selfish gratification; therefore there is the expectation that our lives will reflect that holiness."³⁶ Lastly, Satan wants to create dissensions in struggling people's lives, on their job, in their home, and with their loved ones. The best way he tempts us to create dissension is by being defensive, or bitter, which will result in disrespect and hurting others in the process.

Satan's most effective weapon in destroying an at-risk veteran is adversity. "Adversity can blindside the most dedicated Christian; create doubts concerning God's love, faithfulness, and power; and bring about reactions in attitudes and behaviors that forfeit the victory by which God would be glorified."³⁷ The primary way Satan causes adversity in an at-risk veteran's life is to simply distort their perception of their current circumstances. He doesn't even have to actually send adversity, but just skew their view of one's common life situation. The way to combat the dart of adversity from taking root in one's life is to focus on the Lord and understand how He will use their difficult circumstances to draw them closer to Him.

There is hope for those struggling from suicidal thoughts, by incorporating theology and psychology into the Integrationist Perspective, which can provide a foundation for victory. The victory is built on a foundation of faith. 1 John 5:4 states, "For whatever is born of God overcomes the world; and this is the victory that has overcome the world – our faith." Exercising

³⁶ Ibid., 181.

³⁷ Ibid., 195-196.

one's faith will result in the renewing of a person's mind. "Renewing the mind in submission to God and the truth of His Word is essential because it is in our minds that Satan deceives us."³⁸

Spiritual care can be surmised in one word "Faith", and it is faith that leads to renewing the mind, and that will, in turn, lead to a stronger commitment to God. "In a commitment to Christ, we train our minds constantly to put every decision impacting our attitude and pattern of life in the context of that which glorifies Him."³⁹ It is a matter of making a commitment to live one's life in the same manner that Jesus would. A supernatural problem needs a supernatural solution. Cognitive Behavioral Therapy, in theory, can help to change a person's thinking and behavior, but ultimately if one's faith and belief are not engaged in the process no legitimate change can take root, as ultimate victory occurs through total obedience and reliance on the Holy Spirit through Jesus Christ. Therefore, the way to ensure obedience as a Christian one should feed on God's Word, pray without ceasing, praise the Lord at all times, deny our fleshly desires, be accountable to others, and observe the Sabbath (in the form of mental, physical, emotional rest once a week). The evidence of this being present in an at-risk veteran's life will be a life that demonstrates love and sacrifice for God and others while creating change in their overall cognitive mental makeup in the process.

"The fact is whether one accepts a more traditional dualistic view of the human being or espouses a nonreductive physicalism view of human nature, it is still crucial to have a basic biblical perspective of human nature to guide the process and practice of Christian counseling."⁴⁰

The reality is there are five basic biblically based assumptions of human nature when it comes to

³⁸ Ibid., 247.

³⁹ Ibid.

⁴⁰ Siang-Yang Tan, *Counseling and Psychotherapy: A Christian Perspective*. (Grand Rapids, Michigan: Baker Academic, 2011), 323.

effectual Christian counseling of an at-risk veteran. "First, is the basic view of human nature from a biblical perspective is not an exhaustive or even comprehensive treatment of the vast and complex topic of biblical anthropology. Rather, the basic psychological and spiritual needs of human beings included the needs for security (love), and significance (purpose), and for hope (forgiveness)."⁴¹ Therefore, without these basic needs being met one can slip into a state of despair, and even entertain thoughts of suicide. "The basic needs for security and significance have been rephrased as 'deep longings in the human heart of relationship and impact', which can only be fully met in the context of a personal relationship with Jesus Christ as one's Lord and Savior."⁴²

When dealing with an at-risk veteran or active duty member that is dealing with suicidal thoughts the counseling setting should possess an agreement pertaining to a contract of intent. Most smaller counseling sessions may not require such an agreement, but there needs to be an understanding concerning the setting of the session and the different roles of each party will play. In-depth counseling sessions require a pre-session package that can be provided for the prospective counselee. This provides a clear and precise introduction for both the setting and process of SBBPC levels for the counseling sessions.

The pre-session package contains the following information: First, ethical guidelines for Christian counselors, and a biblical code of ethics for which the foundation of the counseling sessions will be conducted. Secondly, informational intake forms that provide all the necessary information for the counselor to prepare for the session. Third, a detailed confidentiality agreement and consent form are implemented, which gives the counselor permission to review information to begin the counseling process. Lastly, where appropriate there is financial costs

⁴¹ Ibid., 325.

⁴² Ibid.

and information, as well as a full disclosure information page, (Note: A detailed Pre-session package can be found in Appendix C).

The biggest part of being able to ensure that counseling works for an at-risk veteran is in being able to establish trust with the counselor. Developing and building trust with an at-risk veteran, or active duty member that is suffering from thoughts of suicide is imperative, and a Christian counselor should provide an open and honest look for their clients into their personal journal. Offering an inside look into one's journal will offer the counselee in-depth insight at what the counselor has gained by way of knowledge in their journey through the counseling process. (*Note: This Counselor's personal journal is provided for viewing in Appendix D).

Bill Donahue explains how Jesus set the standard for creating community through the simplicity of the table, the towel, and the truth. Donahue utilized the example of the table as a place for communal gathering. This is the example Jesus gave in his Word, by inviting hurting people to His table. This type of community is vital for at-risk veterans and active duty members that are suffering from thoughts of suicide to embrace, and be encouraged to be a part of. It is only through being part of a community and group where a hurting person can understand that they are not alone, and that other people are suffering in the same manner that they are. A good counselor or chaplain can bridge that gap to ensuring that an at-risk veteran gets connected to the right recovery group, by extending the same love and compassion Jesus has also shown them. "Jesus extends compassion, provides healing, speaks the truth, extends love, creates safety, lends a listening ear, and inspires with challenging ideas."⁴³

The theme and idea of "the table" are that of reconciliation. God in His infinite love for us consistently offers us to not only be reconciled to Himself, but to one another. Jesus does a

⁴³ Bill Donahue, *The Irresistible Community: An Invitation to Life Together*. (Grand Rapids, Michigan: Baker Books), 34.

masterful job of offering those that are hurting an opportunity by being able to weave the concept of having a seat at “the table”, with the offer of a relationship, rather than the drudgery of religion. This is vitally important in reaching an at-risk person hurting from thoughts of suicide, by explaining the major difference between the “have to” of religion, and the “get to” of a relationship found in Jesus Christ. Having an at-risk veteran comprehend the concept of spiritual care and what it truly entails can unlock the door to releasing feelings of bitterness and shame, by experiencing the accepting love of a compassionate Lord and Savior Jesus Christ.

The second aspect Jesus used in His personal ministry to reach those that are hurting was that of the towel. The towel shows the sacrificial service that Jesus not only offered to the disciples, but to all of mankind. The lesson for both counselor and counselee is the art of being a servant, and how that is the point when one’s focus on their own problems begins to dissipate, and life can become most effective. The fact is something happens inside of a person who is practicing the lesson of the towel. “You soon realize that while you are doing ministry for others, the Spirit of God is doing work in you. You’re aware that you are receiving far more than you are giving.”⁴⁴ When one is serving others it is at that point when healing can truly begin to occur. Getting an at-risk veteran involved in a volunteer program that benefits others is a major aspect in part of their process that can lead to lasting recovery. Getting a person that is suffering from major depression and thoughts of suicide to focus outside of themselves is key to any substantial and long-term growth. The reality is God created mankind to be rejuvenated by others.

Finally, Jesus used the truth as an effective tool in His ministry. Truth offers the opportunity to be open within the community. The fact is one cannot use spiritual care without first understanding and communicating the truth. “We study the truth for ourselves in Scripture,

⁴⁴ Ibid., 133.

and we apply the truth to ourselves in the community.”⁴⁵ Truth is not only found in God's Word but must also be something that is demonstrated in the surrounding community. No community needs this truth more than the United States military veterans and active duty members that are currently suffering from thoughts of suicide, and depression. Jesus effectively demonstrated this to His disciples and did so in love. "In a community, we remind one another that ‘Christ in us’ pushes away our shame and guilt so that we can declare, ‘I am loved, I matter, and I am a friend of God.’”⁴⁶ This is the stumbling blocks for those that are right now suffering from thoughts of suicide that are retired, or active service members, which are guilt and shame. The only way to get true help for those debilitating thought processes is to change one's thinking with the truth of the Word of God and change behavioral patterns in the process of that knowledge.

The analogy of the table, the towel, and the truth to exhort that people should better utilize these tools that Jesus implored in order to build a better community and ultimately better relationships. Therefore, communal relationships are the key to building a healthy core of veterans and active duty members. The message of spiritual care is that of the love of Christ to hurting people through actions, by caring and putting others above one’s own self. This, in turn, will make the suicide prevention more effective for the United States military veterans and active duty members. “Pray that our oneness will serve as a bold declaration of love, reconciliation, salvation, peace, and hope to a fractured, broken, disconnected world that desperately needs to be restored to its creation-designed oneness.”⁴⁷

The harsh reality is that it is near impossible to make any progress with an at-risk client if the focus is only on one singular aspect of their life. People are complex and made up of many

⁴⁵ Ibid., 209.

⁴⁶ Ibid., 220.

⁴⁷ Ibid., 250.

facets, and a treatment plan must take that into account. This is why it is important to come up with a treatment plan that incorporates integration. If a counselor is just treating the person's spirit they might miss something as simple as changing a small behavior to fix the client's problem; however, if the counselor is too focused on the cognitive aspects of counseling they might miss a sin, or refusal to do God's will as the cause of their depression, and suicidal tendencies. The fact is that people are both mind and spirit; therefore, it only makes logical sense that a counselor should know how to speak to both aspects of a person's mind and spirit. Jesus often counseled people in this way. Nicodemus is a perfect example, as Jesus related to both his humanity and to his spirit. John 3:7 states, "Do not be amazed that I said to you, 'you must be born again.'" Nicodemus understood that his flesh was flawed, but the call to action not only appealed to his flesh, but also to his spirit. "A good pastoral counselor grounded in a Christian worldview would have no problem being able to also integrate psychological theories and principles to help a client in a bio-psycho-social-spiritual way."⁴⁸ This is the very thing Jesus did numerous times, by healing not only a person's spiritual need but also their human need as well. A pastoral counselor can also do the same thing in utilizing spiritual care, by incorporating both theology and psychology into a holistic suicide prevention plan, for United States military veterans, and active duty members that are struggling with thoughts of suicide.

⁴⁸ Hinson, V. (2011). "Integrationist Perspective". In Dr. Tim Clinton Editor & Dr. Ron Hawkins Editor, *The Popular Encyclopedia of Christian Counseling*. Eugene, Oregon: Harvest House Publishers, 2011. 454-455.

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Appendix A

The Liberty University Institutional
Review Board has approved
this document for use from
8/2/2018 to --
Protocol # 3381.080218

CONSENT FORM

Suicide Prevention through Spiritual Care for United States Military Veterans
Reggie D. Richardson
Liberty University
School of Divinity

You are invited to be in a research study of the stigma surrounding military veterans and active duty personnel, as to why many veterans are not seeking help for suicidal thoughts and tendencies. You were selected as a possible participant because you have served, or currently are serving in one of the branches of the military, have been helped by spiritual care counseling, and are a current member of Encouragement and Hope Ministries. I ask that you read this form and ask any questions you may have before agreeing to be in the study. Reggie D. Richardson, a Doctorate of Ministry candidate in Liberty University's School of Divinity, is conducting this study.

Background Information

Problem: Suicide Rates for U.S. Military Veterans is very high, as 22 veterans on average commit suicide every day.

Issue: There is a lack of coordination between Mental Health Care Professionals, and Clinical and Military Chaplains, as many veterans and current service men and women are afraid to seek mental health care help out of fear of the stigma of it going on their permanent record. Thus, they will confide more in Chaplains, Pastors, or Clergy. This results in them not getting the complete healthcare they need, which includes, mind, body, and spirit.

Possible Solution: Better communication between physicians, mental health care providers, and chaplains may offer a more balanced comprehensive health care plan for veterans struggling with thoughts of suicide. The key ingredient that is currently missing is the spiritual aspect, which can help to motivate all areas of the human psyche. Therefore, by incorporating a holistic health care plan, which includes all aspects of mind, body, and spirit for veterans battling PTSD, and suicidal thoughts it can help to deter suicide attempts among military veterans.

Procedures

If you agree to be in this study, I would ask you to do the following things:
Complete an online, anonymous survey. The survey should take no longer than 20 minutes.

Risks and Benefits of being in the Study

The risks of participating in this study are minimal, which means they are no more than the participant would encounter in everyday life.

Participants should not expect to receive any direct benefits. The researcher is hoping that the findings of this research may serve to enhance better understanding of the stigma and attitudes surrounding military veterans lack of seeking out help for thoughts of suicide. This research can help to discover where the spiritual care community can help in this area to bridge the gap between

The Liberty University Institutional
Review Board has approved
this document for use from
8/2/2018 to --
Protocol # 3381.080218

veterans who need help and mental health care professionals, by establishing a holistic approach to care that includes mind, body, and spirit.

Compensation

Participants will not receive compensation for taking part in this study.

Confidentiality

The records of this study will be kept private. In any sort of report I might publish, I will not include any information that will make it possible to identify a subject. Research records will be stored securely in a password protected locked computer in the researcher's home, and only the researcher will have access to the records. The records will be retained for 3 years. After 3 years the records will be deleted.

Conflicts of Interest Disclosure

The researcher serves as a Counselor at Encouragement and Hope Ministries. Therefore, to limit potential conflicts the study will be anonymous, so the researcher will not know who participated. This disclosure is made so that you can decide if this relationship will affect your willingness to participate in this study. No action will be taken against an individual based on his or her decision to participate in this study.

Voluntary Nature of the Study

Participation in this study is voluntary. Your decision whether or not to participate will not affect your current or future relations with Liberty University or Encouragement and Hope Ministries. If you decide to participate, you are free to not answer any question or withdraw at any time, prior to submitting the survey, without affecting those relationships.

How to Withdraw from the Study

If you choose to withdraw from the study, please exit the survey and close your internet browser. Your responses will not be recorded or included in the study.

Contacts and Questions

The researcher conducting this study is Reggie Richardson. You may ask any questions you have now. If you have questions later, you are encouraged to contact him at 213-453-4562 or rdrichardson@liberty.edu. Mr. Richardson's faculty mentor is Dr. Michael C. Whittington. Dr. Whittington can be contacted at mewhittington@liberty.edu.

If you have any questions or concerns regarding this study and would like to talk to someone other than the researcher, **you are encouraged** to contact the Institutional Review Board, 1971 University Blvd, Green Hall Ste. 2845, Lynchburg, VA 24515 or email at irb@liberty.edu.

Please notify the researcher if you would like a copy of this information for your records.

Statement of Consent

I have read and understood the above information. I have asked questions and have received answers. I consent to participate in the study.

Appendix B

Military Suicide Measure Survey

INSTRUCTIONS: Please choose the response that best matches how much you agree or disagree with each statement. **There are no right or wrong answers.** Circle the number that is right for you.

DEFINITION: *A mental health provider* is a licensed professional who deals with psychological problems or issues that people sometimes have (e.g. psychologist, psychiatrist, licensed counselor, social worker). *Psychological problems* are reasons a person would go to a mental health provider. Similar terms include *mental health issues, psychological issues, mental troubles, mental health concerns, and emotional problems.*

Please use the 4-point scale to rate the degree to which agree or disagree with each statement.

1 = Definitely Disagree 2 = Somewhat Disagree 3 = Somewhat Agree 4 = Definitely Agree

1. My self-confidence would be harmed if I got help from a mental health provider.
2. I would be given less responsibility, if chain of command knew I was seeing a mental health provider.
3. If my chain of command discovered I was seeing a mental health provider, I would NOT lose their respect.
4. People would judge me poorly if they knew that I received mental health services.
5. I would worry about my personal problems being part of my military records.
6. People I respect would think less of me if they knew I had mental health problems.
7. My view of myself would change if I made the choice to see a therapist.
8. My chances of promotion would be harmed if I sought mental health services.
9. I would feel okay about myself if I made the choice to seek professional help.
10. I am open to seeking services, but I worry about how it could hurt my career.
11. My reputation in my community would be harmed if people knew that I had seen a mental health provider.
12. I would be afraid that my peers would find out what I tell my mental health provider.
13. I would feel worse about myself if I could not solve my own problems.
14. It would make my problems worse if my peers knew I was seeing a mental health provider.
15. I would feel inadequate if I went to a therapist for psychological help.
16. Seeking psychological help would make me feel less intelligent.
17. My peers would think less of me if they knew I was getting help from a mental health provider.
18. If I went to a therapist, I would be less satisfied with myself.
19. I'd lose the respect of my subordinates if they found out I was receiving mental health care.
20. There are things I am afraid to talk about because of what others will think.
21. A person seeking mental health treatment is seen as weak.
22. It would make me feel inferior to ask a therapist for help.
23. I am afraid that my chain of command would find out what I told a mental health provider.
24. My peers would think I was unreliable if they knew I was receiving mental health treatment.
25. My self-confidence would NOT be threatened if I sought professional help.
26. My self-esteem would increase if I talked to a therapist.

Scoring Instructions: Items 3, 9, 25, and 26 are reverse scored, and then summed for the following categories.

Public Stigma Items: 2, 3, 4, 5, 6, 8, 10, 11, 12, 14, 17, 19, 20, 21, 23, 24

Self-Stigma Items: 1, 7, 9, 13, 15, 16, 18, 22, 25, 26

Reference

Skopp, N.A., Bush, N.E., Vogel, D.L., Wade, N.G., Sirotnin, A.P., McCann, R.A., & Metzger-Abamukong, M.J. (2012). Development and initial testing of measure of public and self-stigma in the military. *Journal of Clinical Psychology, 68*, 1036-1047.

Note: Permission to use and reproduce online granted by the author. (See Appendix E)

Instructions: This is not a test but a survey of your opinions. There are no right or wrong answers – only your honest opinion counts. Please select the box that most closely describes your opinion.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
1. The names of those who commit suicide should be removed from military memorials.					
2. Military duty requires us to help those who are struggling with suicidal thoughts.					
3. It's wrong for a service member to attempt suicide.					
4. Seeking help for suicide requires courage.					
5. Suicide is selfish.					
6. Only cowards commit suicide.					
7. The best way to deal with psychological problems is to 'man-up' and tough it out.					
8. I would trust a service member who has made a suicide attempt to make ethical decisions.					
9. Choosing suicide is morally wrong.					
10. A service member who attempts suicide deserves understanding and empathy.					
11. Unit support can help prevent suicide.					
12. Suicide hurts unit functioning.					
13. A service member who attempts suicide requires help and support from his military unit as well as leadership.					
14. I wouldn't respect my leader if I knew he/she had expressed suicidal thoughts.					
15. If a service member dies by suicide, he or she did it so that their family can get the survivor benefits/money.					
16. Those who attempt suicide just want attention.					
17. People who attempt suicide should be given time to receive help.					
18. Claiming to be suicidal is done to get out of duty.					
19. Suicidal individuals weren't strong enough for the military in the first place.					
20. Suicide is not acceptable to my religious beliefs.					

Please complete second page →

For questions in reference to this attitudinal measure, please contact LT Marcus VanSickle at marcus.r.vansickle.mil@mail.mil. Please note that this measure was developed as part of a dissertation project completed at Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology, Laboratory for the Treatment of Suicide-Related Ideation and Behavior (Director: Dr. Marjan G. Holloway). This measure is not copyrighted. However, permission for use must be obtained from LT VanSickle

Note: Permission to use and reproduce online granted by the author (See Appendix E).

Instructions: This is not a test but a survey of your opinions. There are no right or wrong answers – only your honest opinion counts. Please select the box that most closely describes your opinion.

	<i>Strongly Disagree</i>	<i>Disagree</i>	<i>Neutral</i>	<i>Agree</i>	<i>Strongly Agree</i>
21. I have a duty to help those who are feeling suicidal.					
22. I don't want to be in a unit with someone who has a history of a suicide attempt or suicidal thoughts.					
23. Suicide violates our military core values.					
24. Those who commit suicide don't think about how it will affect their unit.					
25. People who attempt suicide would benefit from support from their unit members.					
26. I can understand how the stressors of military life can lead someone to think about suicide.					
27. I don't have any respect for those who wish to kill themselves.					
28. Admitting thoughts of suicide shouldn't harm someone's career.					
29. A person who attempts suicide must be in a lot of pain.					
30. People who attempt suicide shouldn't be eligible for promotion or leadership billets.					
31. I would feel uncomfortable if I learned someone I was working with was suicidal.					
32. Suicide hurts unit morale.					

For questions in reference to this attitudinal measure, please contact LT Marcus VanSickle at marcus.r.vansickle.mil@mail.mil. Please note that this measure was developed as part of a dissertation project completed at Uniformed Services University of the Health Sciences, Department of Medical and Clinical Psychology, Laboratory for the Treatment of Suicide-Related Ideation and Behavior (Director: Dr. Marjan G. Holloway). This measure is not copyrighted. However, permission for use must be obtained from LT VanSickle

Note: Permission to use and reproduce online granted by the author (See Appendix E).

Appendix C

Pre-Session Package

Ethical Guidelines for the Christian Counselor

I subscribe to the code of ethics and conduct established by the American Association of Christian Counselors (AACC). I have been a member of this reputable organization since 2009. The AACC code of ethics can be viewed and studied at <http://www.aacc.net/about-us/code-of-ethics/>. I have listed the specific code of ethics I observe as follows:

Biblical-Ethical Foundations of the AACC Ethics Code

- 1st FOUNDATION: *Jesus Christ—and His revelation in the Old and New Testaments of the Bible—is the pre-eminent model for Christian counseling practice, ethics, and caregiving activities.*
- 2nd FOUNDATION: *Christian counseling maintains a committed, intimate, and dedicated relationship with the worldwide church, and individual counselors with a local body of believers.*
- 3rd FOUNDATION: *Christian counseling, at its best, is a Spirit-led process of change and growth, geared to help others mature in Christ by the skillful synthesis of counselor-assisted spiritual, psycho-social, familial, bio-medical, and environmental interventions.*
- 4th FOUNDATION: *Christian counselors are dedicated to Jesus Christ as their ‘first love,’ to excellence in client service, to ethical integrity in practice, and to respect for everyone encountered.*
- 5th FOUNDATION: *Christian counselors accord the highest respect to the Biblical revelation regarding the defense of human life, the dignity of human personhood, and the sanctity of marriage and family life.*
- 6th FOUNDATION: *The biblical and constitutional rights to Religious Freedom, Free Speech, and Free Association protects Christian counselor public identity and the explicit incorporation of spiritual practices into all forms of counseling and intervention.*

7th FOUNDATION: *Christian counselors are mindful of their representation of Christ and his church and are dedicated to honoring their commitments and obligations in all social and professional relations.*

ETHICAL STANDARDS FOR CHRISTIAN COUNSELORS

1. Christian counselors acknowledge that the first rule of professional-ministerial ethical conduct is: *do no harm* to those served.
 - a. Christian counselors recognize and uphold the inherent, God-given dignity of every human being, from the pre-born to those on death's bed.
 - b. Regardless of how we respond to and challenge harmful attitudes and actions, Christian counselors will express a loving care to any client, serving-inquiring person, or anyone encountered in the course of practice or ministry, without regard to race, ethnicity, gender, sexual behavior or orientation, socio-economic status, education, denomination, belief system, values, or political affiliation.
 - c. Christian counselors avoid every manner of harm, exploitation, and unjust discrimination in all client-congregant relations.
 - d. Christian counselors also are aware of their psychosocial and spiritual influence and the inherent power imbalance of helping relationships – power dynamics that can harm others even without harmful intent.
2. Avoidance of Client Harm, Intended or Not
 - a. Christian counselors acknowledge that client conflicts are unavoidable.
 - b. Christian counselors strictly avoid all behavior or suggestion of practice that harms or reasonably could harm clients.
3. Competence in Christian Counseling.
 - a. Christian counselors maintain the highest standards of competence with integrity.

- b. We do not offer services or work beyond the limits of our competence and do not aid or abet the work of Christian counseling by untrained, unqualified, or unethical helpers.

Appendix D

Personal Journal Entries of the Counselor

W1 #1

Reference: According to Peterson (2007), “What we hear is affected by what we are feeling” (27)

Reflection: This quote enables me to realize that our ability to properly listen is altered by our moods, and emotions at any given moment.

Relocation: Father, help me to be a better listener even in those times of hurt, fear, or anger. To be able to not allow my emotions or feelings to hinder me from absorbing the thoughts and feelings of loved ones around me. Strengthen me with the power of the Holy Spirit to be sensitive to others even when I am tired, and feeling the stress of life's challenges. I am reminded of the verse in James 1:19 states, "This you know, my beloved brethren. But everyone must be quick to hear, slow to speak and slow to anger." I pray for the practical application of this verse to be applied to my life by being quick to hear before allowing my feelings to be engaged in a conversation.

W2 #1

Reference: According to Peterson (2007), “A capable listener helps people give birth to the feelings and thoughts inside of them.” (53).

Reflection: This quote stirs my spirit to be a more patient listener and person when dealing with others. It is only through kindness, care, and concern can I truly allow the freedom of expression and proper communication to occur in others. This permits and allows me to fully understand the emotions someone is experiencing while offering them an opportunity to fully realize how they feel in turn.

Relocation: Father, allow me to listen to others the way you listen to me, and that is with patience, grace, and genuine concern. I am reminded of Galatians 5:22 which states, "But the fruit of the Spirit is love, joy, peace, patience, kindness, goodness, faithfulness." This describes to me the type of listener I should be, and also the type of fruit-bearing Christian I should be. I desire to truly enable others to give birth to the feelings and thoughts inside of them, and this can only be accomplished through being a genuine and active listener, and not just a superficial, or surface listener.

W3 #1

Reference: According to Kollar (1997), Working toward a desired outcome begins with the use of questions that open up new possibilities” (102).

Reflection: This quote opens my eyes to the understanding that in counseling sessions it isn't as important to give advice, as it is to ask the right questions. Asking questions that engage a counselee to see their problem from a different perspective is more appealing to the counselee and more effective for the counselor. Impertinent questions that lead the counselee into new possibilities is not only positive but also practical.

Relocation: Father, enable me to be consciences of opportunities to be an active listener, but also ask engaging questions when counseling others. I am reminded of the way Jesus masterfully used the art of asking questions to allow people to see things from a new perspective. Matthew 6:28, He asked about why people worried about clothes. In Matthew 16:13-15 He asked, "Who do you say I am?" He got the disciples to view his deity and manhood in a different light. Jesus artfully mastered questioning people He was counseling to be able to get them to see things from a different perspective, and to view life with a more positive outlook. He is the model for utilizing questions that open up new possibilities.

W4 #1

Reference: According to Cloud (2004) "There are laws that govern success just as gravity governs falling, and if we can learn to follow these laws, we can live better lives." (16).

Reflection: This quote speaks to me by pointing out that there is not a magic formula for success. Success is found in the wisdom of God. Proverbs 3:2 explains how wisdom will give one length of days and years of life, as well as an indwelling sense of peace. Obeying God through wisdom is the greatest success a person can achieve.

Relocation: Father just as Solomon asked you for wisdom I also pray and ask you for divine wisdom to make the right decisions in my life. I believe the truth found in Proverbs 3:19 which states, "The Lord by wisdom founded the earth, by understanding He established the heavens." I truly believe there is an order to the way everything works, and I believe that if I follow these laws through the use of wisdom I will live a life of success in You.

W5 #1

Reference: According to Cloud (2004) "It is smart to foresee how a person is going to react and plan a strategy as to how you are going to manage that reaction or deal with it" (232).

Reflection: Often times in dealing with conflict I can see how touchy subjects being brought up to certain people have caused a firestorm to occur. The reality is in most situations I know the people in my life that are apt to explode when confronted on issues that are sensitive. Thus, I need to foresee their reaction ahead of time and develop a strategy for the anticipated reaction before I get into the heart of the matter.

Relocation: Dear Father, help me to develop a strategy to handle those people in my life that are not easily confronted. I ask for wisdom and discernment to make a better game plan for how I

will manage the reaction that is given by those I confront. I'm reminded of Galatians 6:1, which states, "Brothers, if anyone is caught in any transgression, you who are spiritual should restore him in a spirit of gentleness. Keep watch on yourself, lest you be tempted." This is so important to remember when dealing with difficult people, especially when I am confronting them about a sensitive issue.

W6 #1

Reference: According to Cloud (2004) "There is no magic formula that tells you where help has to come from. But there is a formula that says if you do not have help, you are not going to get as far " (239).

Reflection: I can look back over my life and see where I have at times had a "Lone Ranger" type of mentality. This is where I attempt to accomplish everything on my own without the assistance, or help of others. This is not the way God intended us to live our lives. We are simply better together than we are apart. The devil attacks the person trying to go it alone, as we see with a lion who attacks the gazelle that is separated from the rest of the pack. We need others to truly become all that God has called us to be.

Relocation: Father, please help me to be more open for opportunities to accomplish things with others, and to find ways to connect personally with friends, family, and loved ones on a more intimate level. I sometimes find myself becoming too busy to take time for others. This reminds me of Ecclesiastes 4:9 which states, "Two are better than one because they have a good return for their labor."

W7 #1

Reference: According to Kollar (1997) "Labeling a person results in limiting our understanding of an individual as a whole person. The label may be accurate for certain moments of a person's life, but it does not and cannot describe the whole person" (257).

Reflection: There have been times in my life when I have labeled a person in my mind or verbally, and this limits the potential growth in their lives. I need to use my words, thoughts, and prayers to uplift and encourage others when possible. This doesn't mean there will never be a time when labeling is proper, but I should label others in the context of a season of their life, and not as the whole of their life.

Reflection: Father, grant me sound wisdom and discernment when it comes to labeling others. This is something I need your help with. I don't want to limit someone else by giving them a stigma that disables them to grow. Help to use my words to encourage and uplift for You, and Your kingdom.

Appendix E

Permission to Publish Military Measure Survey

Question about Military Stigma Scale (UNCLASSIFIED)
Skopp, Nancy A CIV DHA J-9 (US) <nancy.a.skopp.civ@mail.mil>
Tue 6/12/2018, 12:31 PM Richardson, Reggie Darren
Inbox
CLASSIFICATION: UNCLASSIFIED

Hi Reggie,

Sure, no problem. Best of luck with you thesis!

Regards,
Nancy A. Skopp, Ph.D.
Research Psychologist
Psychological Health Center of Excellence (West) Defense Health Agency
9933 West Hayes Street,
BOX 339500 MS 34
Joint Base Lewis-McChord,
Tacoma WA 98431-9500
nancy.a.skopp.civ@mail.mil
|TEL: (253) 968-4902|
|FAX: (253) 968-4192|

-----Original Message-----

From: Richardson, Reggie Darren [<mailto:rdrichardson@liberty.edu>]
Sent: Monday, June 11, 2018 3:24 PM
To: Skopp, Nancy A CIV DHA J-9 (US) <nancy.a.skopp.civ@mail.mil>
Subject: [Non-DoD Source] Question about Military Stigma Scale

Dear: Nancy Skopp, Ph.D.

My name is Reggie Richardson, and I am currently working on my thesis for the doctorate program at Liberty University. I was given your email by Charlie Ross. He shared with me the Military Stigma Scale you authored. I am currently writing a thesis on "Suicide Prevention for United States Military Veterans", and I was writing to you to request if I could use and reproduce your Military Stigma Scale in my thesis and publish it online? It really is a solid survey and would help me tremendously in the thesis I'm writing. I was wondering if I could have your permission to use it? I have added a copy of the document I'm referring to as an attachment.

Sincerely, Reggie D. Richardson

Vansickle, Marcus R LT USN SOUTHCOM JTF GTMO JMG (US)

<marcus.r.vansickle.mil@mail.mil>

Mon 7/9/2018, 2:14 PM

Mr. Richardson,

Good afternoon and my apologies for the delay in responding. Please feel free to use and reproduce the MSAQ in your studies and let me know if you have any questions along the way!

Thanks,

v/r,

Marcus VanSickle, Ph.D.

Clinical Psychologist

LT/MSc/USN

(571) 231-1252

Richardson, Reggie Darren

Dear: **LT Marcus VanSickle**

My name is Reggie Richardson, and I am currently working on my thesis for the doctorate program at Liberty University. My thesis on "Suicide Prevention for United States Military Veterans". This is a subject near and dear to me, as I am currently a Hospital Chaplain and run a counseling center for veterans dealing with thoughts of suicide, and recovering from PTSD. I also am a caregiver for my father that is a 100% disabled veteran who won 2 bronze stars during the Tet-Offensive in Viet Nam. I was writing to you to request if I could use and reproduce your Military Suicide Attitudes Questionnaire (MSAQ) you authored in my thesis, which will be published online? It really is a great questionnaire and would help me tremendously in the thesis I'm writing. Thus, I was wondering if I could have your permission to use and reproduce your questionnaire online? I have added a copy of the document I'm referring to as an attachment.

Sincerely, Reggie D. Richardson

Appendix F

INVESTIGATOR AGREEMENT & SIGNATURE PAGE***BY SIGNING THIS DOCUMENT, THE INVESTIGATOR AGREES:**

1. That no participants will be recruited or entered under the protocol until the Investigator has received the final approval or exemption email from the chair of the Institutional Review Board.
2. That no participants will be recruited or entered under the protocol until all key personnel for the project have been properly educated on the protocol for the study.
3. That any modifications of the protocol or consent form will not be initiated without prior written approval, by email, from the IRB and the faculty mentor/chair, except when necessary to eliminate immediate hazards to the participants.
4. The PI agrees to carry out the protocol as stated in the approved application: all participants will be recruited and consented as stated in the protocol approved or exempted by the IRB. If written consent is required, all participants will be consented by signing a copy of the approved consent form.
5. That any unanticipated problems involving risks to participants or others participating in the approved protocol, which must be in accordance with the Liberty Way (and/or the Honor Code) and the Confidentiality Statement, will be promptly reported in writing to the IRB.
6. That the IRB office will be notified within 30 days of a change in the PI for the study.
7. That the IRB office will be notified within 30 days of the completion of this study.
8. That the PI will inform the IRB and complete all necessary reports should he/she terminate University Association.
9. To maintain records and keep informed consent documents for **three years** after completion of the project, even if the PI terminates association with the University.
10. That he/she has access to copies of 45 CFR 46 and the Belmont Report.

Reggie D. Richardson [Redacted Signature] 06/17/2018
 Principal Investigator (Print) Principal Investigator (Signature) Date

 Co-Investigator (Print) Co-Investigator (Signature) Date

FOR STUDENT PROPOSALS ONLY:**BY SIGNING THIS DOCUMENT, THE FACULTY MENTOR/CHAIR AGREES:**

1. To assume responsibility for the oversight of the student's current investigation, as outlined in the approved IRB application.
2. To work with the investigator, and the Institutional Review Board, as needed, in maintaining compliance with this agreement.
3. To monitor email contact between the Institutional Review Board and principle investigator. Faculty mentors/chairs are cc'ed on all IRB emails to PIs.
4. That the principal investigator is qualified to perform this study.
5. **That by signing this document you verify you have carefully read this application and approve of the procedures described herein, and also verify that the application complies with all instructions listed above.** If you have any questions, please contact our office (irb@liberty.edu).

Michael C. Whittington [Redacted Signature] 6/18/18
 Faculty Mentor/Chair (Print) Faculty Mentor/Chair (Signature) Date

***The Institutional Review Board reserves the right to terminate this study at any time if, in its opinion, (1) the risks of further experimentation are prohibitive, or (2) the above agreement is breached.**

Appendix G

LIBERTY UNIVERSITY
INSTITUTIONAL REVIEW BOARD

August 2, 2018

Reggie Richardson

IRB Exemption 3381.080218: Suicide Prevention through Spiritual Care for United States Military Veterans

Dear Reggie Richardson,

The Liberty University Institutional Review Board has reviewed your application in accordance with the Office for Human Research Protections (OHRP) and Food and Drug Administration (FDA) regulations and finds your study to be exempt from further IRB review. This means you may begin your research with the data safeguarding methods mentioned in your approved application, and no further IRB oversight is required.

Your study falls under exemption category 46.101(b)(2), which identifies specific situations in which human participants research is exempt from the policy set forth in 45 CFR 46:101(b):

- (2) Research involving the use of educational tests (cognitive, diagnostic, aptitude, achievement), survey procedures, interview procedures or observation of public behavior, unless:
- (i) information obtained is recorded in such a manner that human subjects can be identified, directly or through identifiers linked to the subjects; and
 - (ii) any disclosure of the human subjects' responses outside the research could reasonably place the subjects at risk of criminal or civil liability or be damaging to the subjects' financial standing, employability, or reputation.

Please note that this exemption only applies to your current research application, and any changes to your protocol must be reported to the Liberty IRB for verification of continued exemption status. You may report these changes by submitting a change in protocol form or a new application to the IRB and referencing the above IRB Exemption number.

If you have any questions about this exemption or need assistance in determining whether possible changes to your protocol would change your exemption status, please email us at irb@liberty.edu.

Sincerely,



G. Michele Baker, MA, CIP
Administrative Chair of Institutional Research
The Graduate School

LIBERTY
UNIVERSITY

Liberty University | Training Champions for Christ since 1971